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ABSTRACT

A project undertaken at the Graduate School of Public Health of the University of Pittsburgh to develop an undergraduate external degree program in health services administration with a major in long-term care administration is described. Program activities were designed to: develop a work plan, identify the parameters of knowledge and skills needed by administrators of long-term care institutions, review existing courses relevant to the broad knowledge and skill components required, modify and expand existing courses that can be used in the external degree program, select trainees and test the effectiveness of the program, publicize the program, and evaluate the new program. An addendum to the report considers cost components of nontraditional and traditional programs. Appendices include course guides on human relations and health and society, a sample student educational record form, a sample study plan, a summary description of the degree program, and a summary description of a similar program offered by Virginia Commonwealth University. (SW)

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FINAL REPORT

on the DEVELOPMENT of a

BACCALAUREATE EXTERNAL DEGREE PROGRAM

in

HEALTH SERVICES ADMINISTRATION

with a

MAJOR in LONG TERM CARE ADMINISTRATION

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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Sincere thanks are extended to the members of the Advisory Board whose expertise was frequently drawn upon throughout the course of the project.

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CHAPTER I

DEVELOPMENT OF A WORK PLAN (PHASE I)

In July 1974 the Graduate fchool of Public Health, University of Pittsburgh began activities to carry out a contract with the Bureau of Health Manpower, Health Resources Administration, Department of Health, Education and Welfare "for the development of an undergraduate external degree program in health services administration with a major in long term care administration." The contract was to be performed by the staff of the Long Term Care Education Unit in the School's Department of Health Services Administration. This is the final report on the project, describing in overview and summary fashion the degree to which the several objectives of the contract were attained and the methodology used in the various activities.

In format, this report follows the plan for the project as given in the contract. Since the plan was spelled out in six phases, each phase will constitute a separate chapter. The continuity of the report should not be disrupted because the development activities were logically related to each other to lead to the attainment of the end product - the externalized major program. The information contained in this summary is derived from detailed reports on each of the six phases filed with the Bureau of Health Manpower as required by the contract.

The narrative is organized to report first on the overall plan for the total project (i.e., what will be done). Throughout the remaining chapters the report focuses on what was done by describing how the plan for that particular phase was implemented and the outcomes (either products or events).

The general objective of Phase I was to formulate a comprehensive plan to develop, test, and evaluate the external degree major in Long Term Care

Administration. The specific objectives were:

a. Identify all components (curriculum and other, i.e., field training) of an external degree program in health services administration (long term care major) at the baccalaureate level, including: evaluating existing courses relevancy; their possible utilization and necessary modification; and development of relevent new courses.

b. Specify plan for selection of students for testing, methods to be employed in testing the educational content, and determinants for modification.

c. Describe the evaluation components and the methods to be employed.

The methodology to be followed in outlining the steps to be undertaken for the total project were as follows:

1. Develop a plan which encompasses all program components describing all parameters including: specific objectives; resources to be involved; methods to be utilized; and time framework for completion of each program component.

2. Develop within the plan the method of: defining expected knowledge and skills; analysis of existing courses; and development of new content.

3. Develop curriculum plans in terms of content and methodology and projected modes of offering material.

4. Specify methodology and criteria for selection and development of new course content areas.

5. Specify modality for testing the program.

6. Describe specifics of the evaluation scheme to be employed for each facet of the program.

To comply with the charge contained in this phase and to begin to lay the foundation for the actual teaching program, eleven major steps were outlined in terms of tasks that would have to be accomplished in order to fulfill the contract. Exhibit I in the Appendix shows the major components of the Work Plan by title of the activity to be undertaken. In identifying subtasks (not shown in this Report) an objective was to allow sufficient flexibility to permit additions or deletions to the specific task as experience

indicated their necessity or advisability. Exhibit II shows the tentative timing of each major activity. The chart illustrates the coordination of the various interfaces of the program through sequenced interrelated steps necessary to realize specific objectives. A brief description of each of the eleven steps in the Work Plan follows.

1. Define the purpose of the program

To accomplish this, it was proposed to review the literature on external degree programs for useful descriptions of philosophies of external degree education, program structures, objectives, and student populations, and for the ways in which non-traditional and traditional approaches were combined. Definitions of long term care, in terms of institutions, programs, and agencies were to be carefully examined to facilitate identification of the appropriate scope of the major program (i.e., preparation for administration of health facilities, programs, etc. versus preparation with emphasis on business aspects).

2. Determine the requirements of the School of General Studies, University of Pittsburgh, for a baccalaureate degree

Basically, the program was planned to enable students to pursue a program with a major in long term care leading to a bachelor's degree (or a certificate of accomplishment as an alternative). Such a degree would have to be granted through the School of General Studies (SGS) of the University of Pittsburgh since the Long Term Care Unit is not empowered to grant degrees nor is the School of Public Health since it is a graduate school. (The School of General Studies provides educational opportunities in the late afternoon and evening for people who work. It also had under its aegis the University External Studies Program which provided adult students an additional option

through courses in an independent study mode). It would be necessary to make certain there was no breach of SCS rules concerning admission requirements, credit requirements, choice of electives, and the standards of the School for quality of content and teaching.

3. Identify curriculum strategy for developing the program

To ensure attainment of the goals of the project, the educational needs of prospective students would have to be determined, for it was to these needs that the program would have to be fitted. Determining these needs and fitting the program would be accomplished by assembling information from such persons as faculty, opinion leaders, and administrators through interview and survey. There would also be a search of the literature and information collected to aid the extensive continuing education activities of the Long Term Care Unit would serve as input.

The objectives, content, and structure of operational programs in health services administration, with or without long term care components, would be examined at several levels--associate, baccalaureate, master's, and continuing education. Further information about skills expected of long term care administrators would be sought from the licensure boards which are responsible for examining them. Also, professional associations often set standards which reflect the educational requirements for the positions held by their members. From all these sources of information, a picture should be derivable of the competencies that the degree program should transmit.

4. Establish the requirements for the degree in the Graduate School of Public Health

Establishing the general structure of the curriculum was to be the responsibility of the Long Term Care Unit. The idea behind the design that was to be produced was that long term care is a component of health administration;

therefore, the student first should learn about the health field as a whole (the core) and then study applied knowledge essential for functioning as a long term care administrator (required). Among the components of the program to be determined would be the subject areas and the subjects, required competency levels, and credit requirements.

Other program options, such as residency and field placement, and academic policies concerning prerequisites and course waivers would have to be studied.

3. Determine program policies and procedures

As indicated above, this program had to conform to University, Graduate School of Public Health, and School of General Studies policies.

The Long Term Care Unit, therefore, had to check policies (especially those of the University and SGS) to assure conformity with their practices (without negating the goals of the major program) for admission, registration, classification of students, advanced standing and placement, grading, and fee schedules (although fees were not collected by the Long Term Care Unit itself). In addition, the Unit had to acquaint itself with the University's and SGS's advisement system, and rules for credit load limits, scholarship standing, and graduation requirements. The corresponding policies of the Graduate School of Public Health would also have to be reviewed.

Having accomplished these steps and on the basis of this information and the goals of the major, the Long Term Care Unit would then develop appropriate policies for the major in Long Term Care Administration. It would still have to make decisions about such matters as whether admissions to the major should be open or selective, whether qualifying examinations would be given, and what the ratio of non-degree to degree students should be. Input was also necessary on student advisement, record systems to be maintained for academic purposes,

graduation requirements, and the like. These would have to be checked with the School of General Studies.

6. Obtain approval of degree program

Once the program has been developed, it would have to be presented for approval to the Dean of SGS and to appropriate committees within that School as well as to the University Provost's Advisory Council for Undergraduate Programs. Approval would also be sought of the Educational Policies Committee of the Graduate School of Public Health. Documents accompanying the request for approval would include a description of the curriculum design and the Program of Studies among other material.

7. Develop courses with advisement of curriculum consultants from the University External Studies Program (UESP)

UESP was to service the Long Term Care Unit and faculty for the mechanics of course development in the Process Individualized Curricula (PIC) model.

The Unit would have to check to see what offerings throughout the University might be sufficiently similar to those being planned to use as they were or to adapt them, along with using the same instructors were possible. This would be done on the basis of criteria prepared by the Unit for judging appropriateness of content with reference to skills, knowledge, attitudes, and competencies to be acquired by the student.

Faculty would have to be recruited for new courses on the basis of their teaching experience. In turn, they would begin development of their new courses, selecting class materials, deciding on modes of presentation, and determining kinds of contact desired with students, e.g., number of workshops and voluntary versus mandatory attendance.

8. Design special non-course learning experiences

Were there supplementary or corollary modalities of learning or of

demonstrating the acquisition of learning that should not be overlooked in the planning of this program? (Examples might be practicums and residencies.) Exploration of such approaches was made part of the planning. Advice would be sought from licensure boards, consultants, professional associations, practicing administrators, and faculty. The work of the appropriate subcommittees would be reviewed in this regard. Decisions would be made regarding the application of such special requirements or the use of alternatives such as research papers, comprehensive examinations, and challenge examinations when students had already acquired the desired experience.

9. Develop marketing design

The advice of a marketing consultant would be sought for a design to advertise the program. The principal target group was to be administrative personnel in nursing homes in Pennsylvania. Releases for newsletters would be prepared and announcements placed in the UESP bulletin.

10. Begin program

With the design of a bulletin and promotional material and the listing of courses with the University the program would officially begin. The procedures of recruitment, admissions and registration would be carried out expeditiously.

11. Develop an evaluation system

A monograph was to be devoted in its entirety to the evaluation of the project. The evaluation was planned to assess, in one way or another, virtually every element of the project and program. Forms would be developed for each task to monitor progress in fulfillment of the contract. Information would be solicited from all participants through various means and educational data would be collected. For each objective of the contract, alternative evaluation systems would be investigated, from which a suitable

scheme would be selected and applied. To the extent possible, comparisons with other programs or other students would be made. Special analyses would be undertaken to determine, for example, the extent of the appeal of an external degree program to women and minorities and the program's suitability for lifelong learning and/or continuing education. Again to the extent possible, cost comparisons would be made between non-traditional and traditional programs.

. . . . . .

Completion of these eleven tasks would fulfill the terms of the contact. The chapters that follow are devoted to a description of the processes by which the remaining phases were carried out. In the actual process of development there was considerable overlap between the phases. Stages of planning and implementation are never as discrete as they appear in a report. Such events as board and committee meetings would, more often than not, cover elements of two or more of the contract phases. An effort was made to maintain clarity in the narrative by assigning certain activities to certain phases based on where their primary impact was made.

A few specific activities in connection with the planning phase might be mentioned at this point. Recruitment of personnel was, of course, a major activity in this phase; a graduate teaching fellow and a principal research assistant were found, both of whom were to make invaluable contributions to the program. Meetings were held with University officials in order to synchronize the efforts of the various units involved in processing the programs, such as the roles of the different schools, steps in the approval of programs and courses, and the advisement of students along with others that developed throughout the life of the contract. A liaison was appointed by the School of General Studies and advisement was sought from the Educational Policies

Committee of the Graduate School of Public Health. Dr. Stephen Plumer who specialized in non-traditional approaches was retained as a consultant for the development of the work plan. Faculty of the Long Term Care Unit were introduced to such mechanics of an externalized course as study guides, workshops, marketing and use of modules and the initial group of curriculum consultants were assigned to faculty developers. A preliminary time chart was drawn up to guide the start and completion of courses.

CHAPTER II

Identifying the Components of the Program (Phase II)

As stated in the contract, the general objective of Phase II was, "To identify the parameters of knowledge and skills expected to be necessary for administrators of long term care institutions, trained at the baccalaureate level, to demonstrate proficiency and function effectively." The specific objective was, "To determine the broad knowledge and skill components (i.e., health, behavioral and management sciences and specific content areas in each of the components) in which long term care administrators are expected to be proficient."

To achieve these objectives, i.e., "To determine [the] knowledge and skills necessary for administrators trained at the baccalaureate level to function in a variety of health settings, particularly in long term care environments," the Long Term Care Unit was required to:

1. Utilize University resources, including an administrative unit, an academic unit, resources of the Graduate School of Public Health and other University resources as necessary in determining these specific functions.

2. Involve an advisory committee composed of: faculty of the Long Term Care Education Center; representatives from University graduate and undergraduate programs; long term care professional associations and licensing/examiner boards; administrators of facilities; students; and representatives from the External Studies program and the Educational Policies Committee of the Graduate School of Public Health. The Committee Board will be aided by three basic working subcommittees.

A precis of detailed reports filed with Mr. Karl Hoffman, the Project Officer, is given to describe the manner in which this phase was carried out.

In order to create an Advisory Board, a number of outstanding educators and practitioners were identified. Ultimately, letters of invitation were sent to eighteen, of whom seventeen accepted, with ten active at the completion

of the contract.

A first meeting of Board, staff, consultants, and guests was held on November 13-15, 1974. Background information on specific features of external degree programs was provided by a number of speakers, primarily for the benefit of the Board members. The findings and recommendations of the Commission on Education for Health Administration were reviewed by Dr. Charles J. Austin, formerly Study Director for the Commission. Dr. Annabelle L. Kleppick, the Project Director, discussed marketing problems related to the external degree. Dr. Stephen Plumer, Educational Consultant, spoke on translating project objectives into curricular objectives and learning objectives for students; and Dr. Marguerite J. Schaefer, Professor of Administration, School of Nursing, University of Pittsburgh described competency-based curriculum development. Dr. Barbara H. Mickey, Associate Vice-President, University of Northern Colorado, described her experience with the design and implementation of an external degree program, covering the identification and characteristics of students, faculty involvement, materials development, availability of support services, administrative structure, quality controls, and other components.

Three working subcommittees were established, as called for in the contract, to deal, respectively, with curriculum components, degree structure, and student services. All three developed reports on their assigned tasks which will be referenced at the appropriate points in the narrative.

The results of much of the Long Term Care Unit's activities during this phase are reflected in a series of nine Working Papers. A brief description of the papers follows.

The first paper, "External Degree Typologies," identified and described the four typologies listed in the literature:

1. Extension degree: Traditional study for adults but at times and

places convenient to those served.

2. Adult degree: Designed to meet the learning needs of the older student which are different than needs of traditional learners.

3. Assessment degree: Designed to provide recognition of knowledge and skills acquired outside an academic setting (through work experience, for example).

4. Complex systems: A mix to meet the needs of different groups.

The second working paper described the potential student body for the external degree. Some such forecast was obviously essential for purposes of program planning. In this instance, it could be based on a survey conducted by the Long Term Care Unit in 1973 of the educational needs of persons employed in long term care facilities. A questionnaire sent to persons in administrative positions who had attended non-credit programs or courses of the Long Term Care Unit provided information about age, sex, previous training, and most important, educational interests. Of 413 administrators (including associate, assistant, and co-administrators), 15 percent said they were interested in a bachelor's degree, 12 percent in a master's degree, 30 percent in credit courses only, and 43 percent in non-credit continuing education courses. When asked if they would probably enroll if a suitable degree program were to be made available, although the percentages were somewhat reduced, the responses were sufficient to point to the existence of a potential student body for a non-traditional degree program at the baccalaureate level.

Working Paper No. 3 was an analysis of the degree requirements of the School of General Studies. This document set forth what areas of knowledge that school required for the general education component of the degree program as well as the credit limits allowed for the major and the electives. Required for all students were courses in writing, speaking, foreign language and logic for a total of fifteen to seventeen credits. Forty-five credits were

required for 'understandings' in the major fields of knowledge (i.e., the humanities, the social sciences, and the natural sciences), which provide an insight into the basic concepts and principles, including scientific methods of research, and the function and role of these areas. Upper level understandings, comprising a minimum of nine credits, were required to enable the student to integrate and unify his/her understanding of the contributions made by these three major areas of knowledge. Thirty-six credits (although in practice the number varied from program to program) were required for specialized studies (such as professional majors) and variable credits to be determined by the student and his advisor would complete the degree requirements. Required for the degree were a minimum of 120 credits.

Adult candidates are permitted to seek advanced placement after admission to the School of General Studies. Advanced placement can also be obtained by students transferring to the School after completion of study at two-year institutions, such as community colleges. And students may earn credits toward graduation by taking advanced-standing examinations in courses offered in the School; such examinations must be arranged with the department or school normally teaching the course for which credit is desired.

Working Papers Nos. 4 through 9 dealt with some aspect of information that had relevance for curriculum design and the identification of knowledge and skill competencies.

Working Paper No. 4, "Analysis of Traditional Undergraduate Health Administration Programs by Objectives and Areas/Courses of Study" is a listing of some twenty programs across the United States which offer courses that contribute to the training of persons in some aspect of the management of health institutions. Many are directed toward middle management or management of small institutions. For each program or institution, a brief statement

of objectives and a list of courses were given.

Working Paper No. 5, "Analysis of Associate and Baccalaureate Programs by Curriculum Design" is a tabulation of undergraduate health administration programs by curriculum design, showing whether there are core courses (two schools); whether the major was composed of required and elective courses (eleven programs had both and five programs had required courses only); whether there were electives outside the program (five programs); and whether there was a minor or concentration (one program).

The sixth working paper is the "Report of the Advisory Board's Subcommittee on Curriculum Components" described at other points in this chapter.

Working Paper No. 7, "Analysis of Subcommittee Curriculum Model" differs from Working Paper No. 6 in that it eliminated duplications of the same subject areas and included in appropriate courses a number of minor areas that did not warrant full course development.

The eighth working paper is a tabulation of the courses offered in selected associate, baccalaureate and master's programs by knowledge area.

For the ninth working paper, the faculty were asked for a list of knowledge and skill competencies that a student completing a baccalaureate degree in an external mode in health services administration with emphasis in long term care should have. The result was a list of ninty-four items covering almost every concievable competency relevant to long term care administration. It was immeasurably useful in course development.

Most relevant to this Phase was the work of the Subcommittee on Curriculum Components composed of members of the Advisory Board chaired by Hilda H. Kroeger, M.D. This group met for two days, March 12-13, 1975 to "define the main objectives of education for long term care administration and then to list various

areas of knowledge needed to produce each objective."

The Academic Unit, consisting of faculty of the Long Term Care Unit (and referred to throughout the balance of this Final Report as the Long Term Care Unit or simply the Unit) provided background materials culled from a review of the literature and data on dimensions of a long term care administrator's job responsibilities derived from examination rubrics and various analyses of other institution's courses of study for health administration. A summary of the Subcommittee's report (Working Paper No. 6) follows, classifying objectives into six major categories with illustrative knowledge and proposed courses.

a. Ability to optimize allocation and utilization of financial and material resources: management concepts, fiscal management, physical plant management, legislative aspects, economics of health care delivery, and fund raising and development.

Courses: Principles of Management
Financial Management
Physical Plant Management
Economic Aspects of Health Care Delivery

b. Ability to optimize utilization of human resources (which must include good staff development): management concepts, personnel management, labor relations, human relations and communication, legislative aspects, occupational health and safety, professionalization, and legal and ethical considerations.

Courses: Personnel Management
Organization Theory
Labor Relations
Human Relations
Legal Aspects

c. Understand and learn how to assure the quality of professional and other care rendered to patients and residents: management concepts, health and illness concepts, patient care management and policy, patient care practices and procedures, gerontology, medical practice, death and dying, quality assurance, and legal aspects.

Courses: Health and Illness
Patient Care Services and Organization
Quality Assurance

d. Recognition of and provision for total living needs of patients

and residents; gerontology, legal and ethical considerations, death and dying, historical development of long term care, and quality assurance.

Courses: Gerontology
Historical Development of Long Term Care

e. Ability to do long range planning and program development: principles of research, terminology, contemporary health issues, health planning, goals and structures of health organizations, alternatives to institutional care, and occupational safety and health.

Courses: Health Planning
Program Development

f. Active participation in community organization and planning: contemporary health issues, community interrelationships and resources, alternatives to institutional care, public relations, and voluntary organizations.

Courses: Contemporary Health Issues
Alternatives to Institutional Care

There was a feeling among the Committee that these six goals should be weighted, with more weight on the first four areas, and that this entire area should represent the thirty-six to forty-five credits allowed in the major.

In the main, the Subcommittee's recommendations were applied. If one examines the course descriptions (see pages 33 to 36), it will be seen that many of the above elements are contained in one course or another or in several. For example, management concepts, the first element of knowledge mentioned, were covered in LTCA 810, Management Theory and Organizational Theory; legislative aspects in LTCA 869, Applied Legal Issues in Long Term Care; the economics of health care delivery in LTCA 711, Health Care Economics, and so on.

In the latter half of 1974 and early 1975, the staff of the Long Term Care Unit concentrated their work efforts on identifying the components of the program in terms of the knowledge and skills needed by administrators of long-term institutions. Valuable suggestions were made by the consultant on task analysis, Dr. H. R. Cort, Jr., of Antioch College. Dr. Cort emphasized the

importance of relating the curriculum design to the training needs of the practitioners who were to be attracted to the program. Information had to be obtained "about what tasks are difficult, what skills or knowledge practitioners feel they need to carry out their jobs effectively, or what further skills or knowledge they seek for career advancement".[1]

While the literature search had turned up numerous publications on the administrator's role in health services administration, these were lacking in the details of the nursing home administrator's job. A concurrent activity had been underway for the continuing education component of the Unit's educational programming for the field. A job analysis survey had been constructed and pre-tested on forty participants in a continuing education course offered in the Commonwealth of Pennsylvania. A revised version was administered to participants at another continuing education program held outside the state. The survey listed 101 tasks organized into seven categories: financial, purchasing and inventory, record systems, physical plant, personnel, general administrative and patient care services. As might have been expected, there was wide variation among the 101 tasks in the proportion of individuals who said they performed them. Nevertheless, for almost every one of the tasks, over half of the respondents said they performed them, generally "with others". Results were compiled and related to the report of the Subcommittee on Curriculum Components. Also important to this particular activity was the list of competencies developed by the Long Term Care faculty (Working Paper No. 9).

The Project Staff began to synthesize material from the working documents produced by the various Task Forces and Subcommittees (i.e., working papers,

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[1] Communication from Dr. Cort, May 30, 1975

research papers and subcommittee reports) to identify for purposes of this contract the knowledge and skills necessary for administrators trained at the baccalaureate level to function in a variety of health settings, particularly in long term care environments. Distilled from all these sources were the following capabilities:

a. Knowledge: To understand the distinguishing characteristics, social, political, ethical, and economic, of the health delivery system and the function of long term care within the system.

b. Skills: To discharge competently their (the graduates') functional responsibilities as organizational administrators within the health delivery system through the acquisition of knowledge of the underlying behavioral and management sciences fundamental to the effective practice of administration.

c. Attitudes: Through the acquisition of knowledge of the social, individual, and environmental determinants of health, to internalise the value orientations indentified with a human services role and to achieve the highest ethical standards in the humane treatment of patients.

The second step was to reduce these broad objectives into their component competencies, or competency objectives as required by the PIC Model (Process Individualized Curricula), developed by Dr. Doris T. Gow of the University of Pittsburgh. Competencies previously identified by the faculty and Subcommittee (Working Papers Nos. 6 and 9) were classified according to whether they primarily affected capabilities of knowledge, skills or attitudes. It must be emphasized that these are not discrete categories, but were used to facilitate identification of knowledge competencies and behavioral competencies.

In determing subject areas, four categories were used to group the knowledge, skill and attitude competencies. In terms of the managerial environment, these translate into:

a. Functional skills - Skills which a manager practices (behavioral).

b. Context skills - The setting in which he manages (knowledge).

c. Situational skills - The specialized setting with which he identifies (behavioral).

d. Personal skills - Interpersonal and personal qualities (knowledge).

Competency statements were then grouped into traditional subject matter categories and the following courses were identified:

Management Theory and Organizational Theory
Human Relations in Organizations
Health and Society
Health Economics
Health Delivery System
Personnel Administration
Labor-Management Relations
Financial Management
Introduction to Gerontology
Administration of Patient Care Services
Applied Legal Issues
Regional Health Planning
Health and Aging
Public Policy and Long Term Care
Evaluative Concepts

The foregoing steps had culminated in the identification of an interdisciplinary program of studies incorporating Management Sciences, Behavioral Sciences, Health Sciences and elements of Political Sciences/Humanities. This was consistent with current consensus that interdisciplinary training is the most appropriate training for a health administrator.

The design of the curriculum and classification of the courses into appropriate categories marked the final stage of curriculum development prior to course development.

After examining several curriculum models in terms of their structure, the staff recommended that the structure for the Long Term Care Administration major consist of a core supplemented by both required and elective courses. The purpose of a core is to provide basic skills and competencies essential for effective functioning in an occupational field; generally, core courses offer an overview of the knowledge most relevant to the chosen field of study. The staff further recommended that the bank of credits which the School of General Studies designates as electives should be organized into a logically

rated series of courses in specialty areas and be designated as a minor.

The Program of Studies recommended for a baccalaureate-level administrator consisted of:

Core	Required	Electives	Minor
Human Relations Health and Society Health Economics Health Delivery System Evaluative Concepts	Personnel Administration Labor-Management Relations Financial Management Introduction to Gerontology Administration of Patient Care Services I Applied Legal Issues	Management Theory Regional Health Planning Health & Aging Public Policy & Long Term Care	Accounting Personnel Computer Science Economics etc.

Finally, there were several additional activities on which work was initiated in Phase II.

Admission Policies

A policy was adopted that applicants must apply to the Long Term Care Unit for admission to the major. Suggested for adoption was a required personal interview with Long Term Care faculty. The purpose of the interview was to afford the Unit the opportunity to study the student's potential for completing the requirements of the program. It would also permit the development of the student's plan of studies. Final acceptance as a degree major lay with the Long Term Care Unit. An additional qualification must be met by the entering class in order to meet the terms of the contract - priority would be given to those employed in administrative positions in the long term care field. To be formally admitted to the University as a degree candidate students had to file an application with the School of General Studies. Applicants were required by SGS to have a high school diploma or equivalent.

Counseling Systems

In its report to the Advisory Board at a meeting in November 1975, a Faculty Subcommittee on Counseling Systems recognized first that the students

would be coming from a wide range of backgrounds and that any eventual counseling system would therefore have to be flexible. Second, since counseling, in the Subcommitte's view, included academic, personal, vocational, and learning guidance problems, the counselor would have to possess a broad knowledge of all of these areas. He/she should be familiar with long term care administration as well as with the external degree method of study.

The Subcommittee recommended that:

1. Counseling should be on a one-to-one basis.

2. Counseling should facilitate the student's personal goal achievement within the framework of the external degree program.

3. No personal counseling should be conducted over the telephone.

4. Faculty members should counsel only in areas where they are judged competent.

5. Academic counseling should be provided during hours specified by the individual counselors.

6. Orientation should be defined as the introduction to the degree program's general overlay. Counseling should be defined as a sequential step-by-step process of information-giving over the life of the student's involvement in the degree program.

As it turned out, the nature of the program, with students far removed from faculty, allowed only a modest program of counseling. Much of the counseling came from individual course instructors.

Alternatives for Earning Credit

It was incumbent upon those responsible for the external degree program to explore alternative methods for earning credits. A Subcommittee on Alternatives for Earning Credit, with the help of staff, examined ten possible alternatives and made recommendation about each.

1. College Level Examination Program (CLEP). This program provides the student with an opportunity to earn college credits (up to a specified

limit) for knowledge gained through experience or his/her own study. On the whole, the Subcommittee was in favor of including CLEP in the program.

2. College-Proficiency Examination Program (CPEP)Regents External Degree Examination (REDE). These permit a student to be examined on subjects in which he has prepared himself. Indeed, an entire degree can be earned by this process. The Subcommittee felt that examinations in selected specific subjects might prove to be workable.

3. Undergraduate Program Field Tests. These tests, developed and administered by Educational Testing Service, were strongly favored by the Subcommittee, since the Service could offer already developed tests in some twenty subjects.

4. College Entrance Examination Board Advanced Placement Examinations. These were not acceptable to the Subcommittee since they were intended for high school levels and were inappropriate for persons who had not been in a formal education setting for a period of years.

5. American College Testing Program. This examination, too, was not suitable since it was related to selection of career lines and the Long Term Care students would have already been set in their health-field experience.

6. Defense Activity for Non-traditional Education Support (DANTES). This program was established to assist service personnel to earn college level credits. Since some of the external degree applicants might well be ex-military personnel, the Subcommittee felt that this potential for them to earn credits should not be overlooked.

7. Institutional Examinations. In the present situation, the constraints of time were felt to be too great to make program-prepared examinations a feasible idea.

8. Courses and Programs Attended Outside of Colleges and Universities.

a. Military courses and programs. These are probably the best known of such offerings and meet high standards of acceptability for credit. The Subcommittee saw no reason why the transfer of such credits from military institutions should not be acceptable.

b. Non-military courses and programs. There are several efforts going on in this area, primarily by the Office of Non-collegiate Sponsored Instruction and the Office of Educational Credit of the American Council on Education (ACE). If a particular applicant can produce verification from an ACE-evaluated program in terms of college level credits, the transfer of credits should be given consideration.

9. Assessment of Experiential Learning. This would be the University's responsibility involving no purchased examination. The applicant would carefully describe this work experience, with a testimonial by a third party employer or board of trustees as to its accuracy. Then an interview between the student and the external degree program as represented by an external degree consultant and a pertinent faculty member would be used for the determination of credits to be awarded. Simplified here for the sake of presentation this could be a fairly rigorous process and would require more study.

10. Continuing Education Units. Such a unit is defined as ten contact hours of participation in an organized educational experience under responsible direction. Its purpose is to give recognition to non-credit courses applicants for admission to such programs as the External Degree may have taken. The Subcommittee agreed that such units be recognized if relevant to the program.

Field Experiences

The Subcommittee on Field Experiences, in its report to the Advisory Board in November 1975, based its recommendation on the recognition that the students, for the most part, would be practicing administrators. In agreeing that field experiences should be a program requirement for credit, the Subcommittee suggested that such training be used to broaden the student's skills and knowledge of the field, that is to say, the training should be in some other setting than the student's own, such as a community health or welfare agency or a research project.

However, the idea of requiring a field experience was ultimately droppped precisely because these students could easily demonstrate a more than sufficient work experience.

Marketing

An ad hoc committee made a number of recommendations to the Advisory Board on marketing procedures, as follows:

a. In the Winter 1976, to select by means of letters of recommendation, a pilot group of employed administrators for enrollment in the first four courses to be developed.

b. In the Spring 1976, the sending of a letter of information along with a special bulletin on the Major to Long Term Care Administrators in the Greater Pittsburgh area.

c. In the Fall 1976, to send a letter and special bulletin on the Major to Long Term Care Administrators in the Philadelphia area.

d. In the Winter 1977, to send a letter and special bulletin on the Major to Long Term Care Administrators in the Pittsburgh, Philadelphia and Erie area.

e. After the Winter, 1977, to utilize a number of advertising consumers throughout the state of Pennsylvania.

In broad outline, except for the first item, the recommendations were followed. However, the thrust from the very start was aimed at the State as

a whole. A well-known expert in marketing, Dr. Gerald Zaltman, Albert Wesley Frey, Professor of Marketing at the University of Pittsburgh, was consulted in April 1976. He acquainted the staff with a variety of strategies they could explore and showed them how the potential market for long term care workers might be analyzed.

CHAPTER III

ANALYSIS OF RELEVENT EXISTING COURSES (Phase III)

The general objectives of Phase III were to: "Review existing courses that are relevent to the broad knowledge and skill components identified as being appropriate for the development of proficiency for administration of long term care institutions and analyze them for content usable in the proposed program and identify content areas that need to be developed to meet the needs of the proposed external degree program."

Specifically, the Project Staff was to:

a. Review existing courses within the University system and evaluate their content to determine their relevance to an external degree program. Determine any course modification that may be necessary to make their content usable in the proposed program.

b. Search the literature for relevant case studies and exercises that may be effective in this program.

c. Determine specific new content which must be developed to accomplish the program's objectives and commence its development.

The methodology was laid out as follows:

a. To maintain continuity in the development of the baccalaureate external degree program it is important to maintain coordination of all its facets with the various departments and schools within the university. The Contractor shall:

   1. Collaborate with all necessary departments and programs at the university in determining these specific academic objectives.

   2. Involve the academic and administrative units in the development of all facets of the external degree.

   3. Involve the Graduate School of Public Health as required for course development and subject matter consultants.

The courses comprising the Program of Studies were identified during Phase II activities. The next step was to develop the individual course. An important question was whether any of the courses presently existed at the University of Pittsburgh and if so, in what form. An understanding of the state of programming for the long term care field is necessary to put into perspective

the likelihood of the existence of credit courses which had content readily usable in the external degree program. Few programs in Long Term Care Administration existed either at the baccalaureate or master's levels. The trend had been for traditional hospital administration programs to change their focus to the broader field of health administration although in fact retaining the hospital administration emphasis. Formal courses applicable to Long Term Care Administration were limited. Preparation for an administrative position in this field was primarily through continuing education programs. The Long Term Care Unit as part of the Department of Health Services Administration had access to an established faculty in health or hospital administration along with its own faculty who had been pioneers in programming for the field of Long Term Care and had acquired an indepth understanding of the educational needs of the field.

Since the curriculum design provided for the training of a health administrator with a specialty in long term care administration the probabilities were good that courses at the master's level could be adapted to the core courses in Health and Society, Health Economics, Health Planning and Health Delivery System. For the required courses in which there was application to the work setting, there were continuing education courses such as Administration of Patient Care Services, Gerontology, and Health and Aging which could be upgraded to the baccalaureate level. Other continuing education courses which dealt with applied knowledge could be adapted by adding a theoretical component. These were Personnel Administration, Labor-Management Relations, Applied Legal Issues and Human Relations. There were only two courses for which no counterparts existed: Health Evaluation and Public Policy and Long Term Care.

None of these courses existed in an externalized mode. Several courses

in UESP appeared promising, e.g., Economics and Human Relations, but an examination of their content revealed that major revisions were required. In such cases it was better in the long run to give the faculty developer freedom in determining content and materials than by requiring him to work with someone else's materials and adapt them to the practice setting.

Thus, no existing courses were made a part of the program without adapting either content or level. However, although all the courses were developed as new courses, many of the developers undoubtedly used ideas and materials from related courses they had taught or were teaching. To put it a little differently; the contract states as a specific objective of Phase III, "Determine any course modification (in relevant University courses) that may be necessary to make their content usable in the proposed program." This was to be the prerogative of the course developers, who in the main were also the instructors.

By using faculty knowledgeable about the field of long term care and health administration the course content problem was alleviated because the faculty could develop teaching materials based on their own knowledge of the problems and practices of the field.

Finally, it should be pointed out that Phases II and III were, by the terms of the contract, to be completed by the same date. A number of the tasks called for in each were inextricably interrelated and were worked on simultaneously. For example, any determination of relevant courses had to be based on the components of the program, i.e., on the identification of "the parameters of knowledge and skills expected to be necessary for administration of long term care institutions." Hence, much of what might have been placed in the description of Phase III is to be found in Phase II.

CHAPTER IV

Development of New Courses and Expansion or Modification of Relevant Existing Courses (Phase IV)

The general objective of this phase was to "modify and expand existing courses which can be utilized in the external degree program. For those areas in the various components of the curriculum which are not covered by existing courses develop new content." The specific objectives were stated to be:

a. Modify and expand existing courses offered by the University for a baccalaureate level training program in health services administration.

b. Implement modifications necessary to existing courses so that they may be available to the external degree program.

c. Develop new courses as determined to be necessary in Phase III and prepare the content for utilization in the external degree program.

d. Develop complete course outlines and instruction notes for both new courses developed and for existing courses that are modified.

e. Develop appropriate case studies, classroom exercises or other simulation exercises that are relevant to an external degree program including complete instructor notes.

f. Describe how the educational experiences developed for the external degree program will be delivered including the modalities to be used for offering the on-campus and off-campus segments of the curriculum.

The "Methodology" read as follows:

To maintain continuity in the modification, expansion and development of the external degree program it is important to maintain coordination of all its facets with relevant departments and schools within the University, and to assure the development of effective educational experiences the Contractor shall:

1. Engage in an intensive development of the educational experience.

2. Collaborate with all related departments and faculties throughout the University in the preparation of the instructional material.

3. Maintain an ongoing review of the curriculum.

Since course developers were given virtually complete freedom in selecting topics and materials for their courses, no meaningful distinction can be made between developing new courses and expanding or modifying existing ones. As explained in Chapter III all the courses in the Long Term Care Administration curriculum may be considered new courses. The remainder of this chapter describing the activities under Phase IV, is devoted to a description of the development of courses, the underlying specifications and approaches, and certain administrative aspects of developing such a program.

Recruitment of persons to develop courses was begun in the summer of 1975. Developers had to be subject matter experts, preferably with faculty appointments and knowledgeable about the long term care field. While a course could have multiple developers, the responsibility for the development of such a course had to rest with a current faculty member (called the faculty coordinator.)

Although the majority of courses had a readily identifiable developer based in the Graduate School of Public Health, several proved difficult to recruit developers for because the content required both subject matter expertise and an indepth knowledge of the problems of the field. This was especially true of the legal-oriented courses. Financial Management was also a problem because it is predominantly an applied course. The developers for all three were eventually recruited from among the adjunct field-based faculty teaching in the Unit's continuing education programs.

The development process consisted of the assignment of a curriculum consultant to a developer. A series of meetings were held by the two during which the curriculum consultant advised and directed the developer in formating the content into an external mode. Meetings were helpful to course developers in clarifying the individualized nature of their courses, the

importance of aligning the objectives of their courses with those of the program as a whole, and the nature of student body for whom they were developing their courses.

A most important consideration in the development of a program of courses such as this is the mode of teaching to be adopted. While the faculty could originate and design their own courses and some had experience teaching non-traditional courses, this was a new and different situation inasmuch as the format was unfamiliar to all. The program was based on independent study, with only occasional classroom contact with the instructor at workshops. Most of the course had to be in detailed writing; there could be little lecturing from an outline. (And this spelling out of a course so completely was something very few faculty persons were accustomed to doing.)

The model chosen is called the PIC Model (Process Individualized Curricula) created by Doris T. Gow of the University of Pittsburgh. A very brief description follows.

The PIC Model builds on the principles and methods of the discipline in which the course is laid, bringing to the course appropriate instructional strategies based on developmental, behaviorist or cognitive theory. The approach to the development of a course (or a curriculum) is a highly structured one.

The first component in design procedure is to determine the instructional objectives--the principles and concepts the student must know, the skills and methodology of the discipline. These involve the application of concept analysis, content analysis, and component analysis; the three, Dr. Gow suggests, should be dealt with separately.

The second component is the selection of instructional materials to teach each objective. The model requires explicitness; e.g., it calls for a listing

of the activities the student will participate in and tasks he will perform, as well as an explanation of the method, mode, setting and instructional strategies used in the lesson. ("It is in the degree of specificity of design strategies and the technique of recording the rationale for them that the process model differs from most structured curriculum models.")

The last three components call for an evaluation procedure for placing each student at the appropriate point in the curriculum; a plan for developing individualized programs of study; and a procedure for evaluating and monitoring individual progress.

The format of a credit course that is based on the PIC Model is suited to mature students who can direct their own study. Each unit of a course includes a statement of the objective, references to or actual reprints of journal articles, sample study questions, answer keys, tests, and, if appropriate, a bibliography.

Under the tutelage of the curriculum consultants, the developers prepared their course guides in broadly similar styles with variations occuring in the particulars. Thus, the course was to be divided into units, and for each unit there was to be a statement of the rationale for it and the objectives (in behavioral terms). Units were subdivided into study tasks. The content of the study task consisted of "instructor's comments" and readings from books and journals. It was to end with several study questions, answers to which were placed at the end of the unit. The curriculum consultants worked closely with the developers on a one-to-one basis on activities relating to format, level of treatment, phrasing of questions, and the like. However, since most of the developers were university professors, there was general insistence that the last word on style and form be theirs.

This applied as well to the number of workshops to be held while a course

was being given and whether attendance at the workshops should be mandatory or voluntary. In general, instructors elected to hold three workshops during a term, utilizing them for a variety of purposes and activities: e.g., to have students and instructors get acquainted, to obtain some evaluation of the students, to discuss problems encountered during the course, especially those common to a number of students, and to enrich selected aspects of the course, usually the philosophical questions. University rules were followed in grading students.

Approval of the program as a major in the School of General Studies was obtained from that School's Advisory Council in early 1976. In June, final approval was given by the Provost's Advisory Council for Undergraduate Programs. The major program could now be offered through SGS for baccalaureate degree purposes.

To illustrate the nature of a PIC Model course, course outlines for two of the core courses are shown as exhibits in the Appendix. Exhibit III is the Course Guide for Health and Society, the foundation course for succeeding courses on the health system. Exhibit IV is the Course Guide for Human Relations, the foundation course for other management courses.

A brief description of each course serves to conclude the description of the process by which the academic program for the external degree in Health Services Administration with a major in Long Term Care Administration was created.

Health Care Economics

An introduction to the analytical concepts of both macro-and micro-economic theory and their application to the health field. From a macro-perspective, stress will be placed on the role of government in the health field, and various government programs will be analyzed. From a micro-perspective, stress will be placed on the physician and hospital services markets and the long term care market. Other specific topics to be covered

will be cost-benefit analysis, health care financing, and health maintenance organizations. Prerequisite: LTCA 780 or permission of instructor.

Human Relations in Organization

This course is designed to promote a general understanding application of human relations in health care institutions. The course stresses individual, interpersonal, and group behavior patterns, and the interplay of human and non-human factors in organizations. A case-oriented approach is employed to provide the student with real-life examples of human management problems in long term care institutions.

Personnel Administration for Long Term Care Institutions

Emphasizing the theory underlying the development of personnel policies and procedures, this course is designed to provide the long term care administrator with a general understanding of the personnel function as related to the management of an institution. Prerequisite: LTCA 717 or permission of instructor.

Labor-Management Relations

This course provides students with a basis for developing management objectives and ways to achieve those objectives in the field of labor-management relations. The topics covered include an analysis of the National Labor Relations Act as amended, the representation process, collective bargaining, strikes and picketing, the mediation and conciliation process, labor contract administration, and the grievance/arbitration process. Prerequisite: LTCA 717 or permission of instructor.

Financial Management

This course explores underlying concepts and practical techniques in financial management of health care institutions to develop the administrator's knowledge and skill in using financial information. The topics covered include the basic accounting process, financial analysis, capital financing, budgeting, and cost finding.

Introduction to Gerontology

This course introduces the student to the study of the aging process and of the aged person. Positive as well as negative changes in aging are studied and various approaches to facilitating and preventing them are explained at the personal, community, and national levels. Prerequesites: introductory courses in biology, psychology, and sociology, or permission of instructor.

Health and Society

Designed to provide a basic understanding of the evolution of health care in our society, the course presents a brief historical perspective tracing the progressive development of public health as a governmental responsibility and in combination with the private sector. The expansion of various

health programs to serve society, as well as the role of voluntary agencies in these programs, will be described. Topics include personal health services, community mental health services, maternal and child health services, and environmental health services. Emphasis is placed upon the linkages between and among health programs, and the role of the citizen in making full use of these services.

Management Theory and Organizational Theory

Examines the development, meaning, and application of selected management theories and theories of organizational structure from a systems perspective. Applications of systems theories and concepts are made to management functions and institutional arrangements in the long term care sector of the health delivery system. Prerequisite: LTCA 717 or permission of instructor.

Regional Health Planning

This integrative course is designed to provide the insights and background necessary for competent participation in regional planning processes. The selection of concepts and theory presented is dictated by recent, present, and probable future expressions of regional health planning. Prerequisites: LTCA 717, 780, 810, and 830.

The Health Delivery System

Types of health services and organizational arrangements within the health care delivery system are studied. Specific issues are identified and examined, such as needs of populations served, personnel requirements, and developing trends which will have impact on future service arrangements. In addition, the student is introduced to a number of related topics, including assessment and assurance of good quality care, health information systems, and the measurement of health and sickness. Prerequisites: LTCA 780 or permission of instructor.

Evaluative Concepts and Processes For Long Term Care Administrators

The purpose of this course in evaluative research is to convey the distinction between "evaluation" - referring to the social process of making judgments of worth - and "evaluative research" - the use of scientific research methods as one aid in the improvement of service delivery. General concepts, principles, and practices in the evaluation process are presented and illustrated. A clearly delineated role for evaluative research in relation to administrative decision-making is discussed. Issues and problems between the scientific requirements of evaluative research and practical administrative considerations are presented in a variety of situations. Note: This is not a course in technical research methods or statistics. Prerequisites: LTCA 810 or equivalent course, or with permission of the instructor.

Administration of Patient Care Services I

The major services, i.e., medical, nursing, and psychosocial, provided

in nursing homes are examined from an administrative perspective. Each service is examined for organizational arrangements, populations served, staffing patterns, and administrative responsibilities, with attention to standards as defined by Medicare and Medicaid. Prerequisites: LTCA 717, 718, 810, and 830.

Public Policy and Long Term Care

This course focuses on theoretical and practical applications of the policy-making process on selected issues impacting upon the long term care field. The legislative structures and processes pertinent to public policy development, impact, and evaluation are examined. Policy issues reflecting political, economic, social, and ethical considerations include case studies involving equity, equality, distribution, and costs of current and proposed health programs (Medicare, Medicaid, and National Health Insurance). Prerequisites: LTCA 711, 771, 780, 815, and 830, or permission of instructor.

Applied Legal Issues in Long Term Care

Rendering care in long term care facilities involves dealing with numerous legal issues. These issues are identified and, using traditional legal analysis, the student develops responsive or remedial practices and procedures.

Health and Aging

This course is designed to acquaint the student with a realistic knowledge of the nature and problems of the aging process with emphasis on evaluation, treatment, and prevention of these problems. The normal physical and psychosocial losses that older persons encounter are explored as contributing factors to the strengthening rather than the weakening of mental health in the aged. Prerequisites: LTCA 771 and introductory psychology courses, or permission of instructor.

It should be borne in mind that course development in almost all instances required a twelve month period extending over a number of the Phases of the contract, as did most of the other developmental activities described in this Report.

It is perhaps appropriate to briefly mention some of the difficulties which beset the development of courses. The University External Studies Program (UESP) has had very little experience with a state-wide non-traditional student body made up of individuals with years of working experience; UESP's own educational activity had consisted of externalizing on-campus courses, many of which had been in the curriculum for a number of years. Now they

were called on to deal with courses for which there were no counterparts or whose counterparts existed mainly at the graduate level. Curriculum consultants provided by UESP interpreted format narrowly to mean one uniform approach to the point where they infringed on academic decisions about content. Consultants also were unable to comprehend the need to utilize a level of content that would reflect and take advantage of the experience of the student body. Thus, the course developers encountered problems with content, level, and format. In a number of instances, this lack of understanding delayed the completion of a course's development.

The PIC model is not a simple model, although it does give the faculty developer the opportunity within certain limits to build a variety of teaching-learning methodologies into a course. Before course development began had there been a workshop type of training program attended by both the developer and the curriculum consultant, some of the problems could have been avoided. Meetings of course developers alone proved to have little value because of the staggered basis on which course development was taking place. Physical distance between developer and consultant also created problems such as time lost in sending or receiving materials.

Provisions for the development and teaching of the courses on an overload basis served as an inducement for faculty to take part in the program. Had these activities been added to the regular faculty workload, faculty participation could have been negligible. In retrospect however, most faculty viewed the compensation as relatively negligible in comparison to the time and effort they invested in developing their courses. Thus they had to be pre-disposed to participation because of their own interest and dedication to the profession of teaching and to contributing to a service activity.

CHAPTER V

Offering the Program (Phase V)

The general objective of Phase V was: "To select trainees, offer the program, and test effectiveness as baccalaureate level external degree in health services administration with emphasis in long term care." The specific objectives were:

a. Select no less than twenty degree students for testing the program.

b. Select no less than ten non-degree students to test the effect of continuing education students on the quality of the degree program.

c. Develop a study plan for each of the selected students designed to prepare them to function effectively in a variety of health settings particularly in long term care environments.

d. Provide the educational experience leading to a baccalaureate degree in health services administration with emphasis in long term care administration.

The methodology to be employed was outlined as follows:

a. To effectively test the program the Contractor shall:

1. Select and admit to the program students who are currently employed in long term care administrative positions with varying lengths of service and with varying educational experiences.

2. Develop each student's curriculum plan with the assistance of the academic unit.

3. Provide student advisement and counseling as required.

4. Incorporate a plan for continuous evaluation of the quality of individual student learning experiences and achievement of competence goals.

5. Maintain a file describing the processes, methods and directions as well as products of the learning experience.

Marketing

The first step in publicizing the program was the mailing in April 1976 of a brief, attractive announcement to some 1,100 administrative personnel in Pennsylvania nursing homes. Releases were also prepared for the newsletters

of relevant professional organizations and the newspaper of the School of General Studies, and notices were placed in the University External Studies Program catalog. Announcements were made to the classes in the continuing education program offered by the Long Term Care Education Unit. As a result, requests for further information were received from 365 Pennsylvania residents and six non-Pennsylvanians. Continued recruitment drives over the next two years brought requests for more information from 141 additional Pennsylvania residents and five out-of-state residents.

A detailed brochure was mailed in July 1976 to respondents to the original recruitment drive together with the announcement that two courses were scheduled for the fall term beginning in September 1976. Brochures were also mailed to the following agencies: licensure boards in Ohio, West Virginia and Maryland, the American College of Nursing Home Administrators, various Pennsylvania trade associations servicing proprietary, non-profit, and governmental facilities, the Association of University Programs in Health Administration, which published a brief description of the program in its Monthly Notes, and to requesting organizations (and individuals) from Idaho, Texas, North Carolina, Mississippi, and Massachusetts. An inquiry from the National Association of Boards of Examiners for Nursing Home Administrators was answered.

Not surprisingly, inquiries came most heavily from the western part of Pennsylvania where the University of Pittsburgh is located; these accounted for thirty-five percent of the total. Another thirty percent came from the southeast part of the State, which is the State's most heavily populated region. The remainder were scattered throughout the rest of the State. Rural areas responded well. In one rural county, sixteen of the twenty-one inquiries received came from personnel of a state mental hospital.

Of those who identified the kind of education they were interested in, about 80% said they would seek a degree. This concern about a college degree can be traced to a number of sources. For example, there is a State requirement that by 1977 candidates applying for licensure as nursing home administrators must have earned the equivalent of two years of college. Many of those already licensed but lacking a college education would feel impelled to keep up in educational status with newcomers to the field. Finally, the requirement of continuing education for relicensure has some bearing on the awakening of interest in a formal program which confers a recognized educational credential.

None of the out-of-state inquiries was followed by registration in a course, probably because of the higher tuition charged such students and the distances involved in attending workshops.

To apply to the program, applicants were to file an application with the Long Term Care Education Unit for admission to the major as they concurrently contacted the School of General Studies for an application form for that School.

Sixty-nine applications were received for the Fall Term 1975. Forty students eventually registered into the pilot courses.

The two courses selected for the pilot-testing of the program were LTCA 717, Human Relations in Organizations, and LTCA 780, Health and Society, both core courses. On the basis of the geographical location of the registrants, the workshops for Human Relations in Organizations were held in Philadelphia and the workshops for Health and Society in Pittsburgh. Final registration figures showed twenty students registered for the former and twenty-three for the latter.

From this point on, two new courses were field-tested per term with

re-offerings of previously tested courses throughout the life of the contract. One course was usually designated for Philadelphia students to enable them to attend workshops at the least expense in time and travel while the other courses were scheduled for Pittsburgh since the bulk of the registrants came from that part of the State.

In describing the offering of the program the information provided here is summarized from the Evaluation Monograph. Data were gathered on forty-five students, thirty-seven from the Fall 1976 Term and nine who entered immediately thereafter and who met the criterion of the contract i.e., current employment in an administrative position in long term care.

Of the forty-five students, thirty-one were degree candidates, eight were cross-registrants from another program, and six were certificate students. Since the latter two groups are so small, the data will refer to all forty-five students combined. There were three and one half times as many females as males. More than half of the registrants were over forty years of age, with almost a third of the total in the age interval 41-45 years. Although forty-five students are not a large group from which to draw conclusions, the preponderance of female administrators reflects the historical development of the field of long term care in regard to employment practices. The age distribution indicates that the group was quite mature. Interestingly enough, nine were over fifty years of age. There were four black persons in the group. Slightly over two-thirds, (31 of the 45) were married, and about three-fourths, (33) had dependents, although fourteen of the thirty-three had only one dependent. Almost two-thirds, twenty-eight registrants, said their annual incomes exceeded $15,000, with exactly half of these in the interval, $15,000-$19,999. The non-degree students reported higher incomes than the degree candidates, which may be a telling distinction.

As for educational background, all but eight had had post-high school exposure. Eight already possessed a degree, including two with a master's degree as well and one who had pursued post-master's studies. Another ten had obtained over sixty semester units or their equivalent of college work while eleven had varying amounts of college credits up to sixty credits. All fourteen non-degree students had had college work and had earned over sixty credits. Two students had previously earned credits in long term administration.

Not surprisingly, every one of the forty-five students was employed in a health facility, the program having been designed specifically for such individuals. Thirty-six or four-fifths were employed in nursing homes, mostly in facilities of less than fifty beds ("skilled," "intermediate," or "residential"). Sixteen of the forty-five facilities were proprietary, twenty-one were not-for-profit with eight in the governmental classification.

Sixty percent identified their position as administrator, associate administrator, assistant administrator and so forth. Approximately ninety-five percent held administrative or supervisory positions.

Half had already worked in the health field for over ten years, and only seven were newcomers, with less than one year of experience. Most had moved about--or upward (presumably) in the facility; twenty-nine of forty had been in their present positions for five years or less. A wide variety of positions had been held previously. A Nursing Home Administrator's license was already held by twenty-four, many of these possessing a Registered Nurse or Practical Nurse license in addition.

The complete statistical attendance record of the fifteen courses offered during the implementation phase of the contract is shown in Table 5.1 on the following page. Registration in the courses ranged from two to thirty-one

Table 5.1

Analyses of Registrants, Withdrawals and Completions By Course

	Number Registrants	Number Original Completions	Number W's (Withdrawal)	Number G's (Incomplete)	Additional Completions Post-Term	Total Completions	Percent, Total Completions
717 Human Relations, Fall Term 1976-77	20	4	0	16	8	12	60%
Human Relations, Fall Term 1977-78	14	12	0	2	1	13	93%
780 Health & Society, Fall Term 1976-77	23	16	0	7	7	23	100%
Health & Society Winter Term 1976-77	6	0	0	6	3	3	50%
Health & Society, Winter Term 1977-78	9	3	1	5	2	5	56%
810 Management & Organizational Theory, Winter Term 1976-77	10	1	3	6	0	1	10%
Management & Organizational Theory, Fall Term 1978-79[1]	5						
718 Personnel Administration, Winter Term 1976-77	31	8	0	22	8	16	52%
Personnel Administration, Winter Term 1977-78	2			2		0	0%
850 Evaluative Concepts, Spring Term 1976-77	22	3	8	11	6	9	41%
771 Introduction to Gerontology, Spring Term 1976-77	6	4	1	1	0	4	67%
Introduction to Gerontology, Spring Term 1977-78	8	5	1	2	0	5	63%

[1] Course still in progress

Table 5.1 - continued

	Number Registrants	Number Original Completions	Number W's (Withdrawal)	Number G's (Incomplete)	Additional Completions Post-Term	Total Completions	Percent, Total Completions
711 Health Care Economics, Fall Term 1977-78	9	4	1	4	1	5	56%
830 Health Delivery System, Fall Term 1977-78	9	5	1	3	0	5	56%
815 Health Planning, Winter Term 1977-78	8	2	1	5	0	2	25%
860 Administration of Patient Care Services, Winter Term 1977-78	7	4	0	3	1	5	71%
719 Labor-Management Relations, Spring Term, 1977-78	4	0	1	3	3	3	75%
720 Financial Management, Spring Term 1977-78	7	0	0	7	3	3	43%
869 Applied Legal Issues in Long Term Care, Fall Term 1978-79[2]	7						
872 Health and Aging, Fall Term 1978-79[3]	8						
864 Public Policy & Long Term Care Fall Term 1978-79[4]	2						

[2] Course still in progress

[3] Ibid.

[4] Ibid.

students, both extremes, oddly enough, applying to the same course, Personal Administration. The average number of registrants was 21.5 in the 2 courses which opened the program in the Fall Term 1976-77. In the winter term average enrollment in the three courses then offered was approximately sixteen.

All together, ninety-nine different students registered for courses, fifty-three of whom had been formally accepted by the Long Term Care Education Unit. The others were students enrolled through the School of General Studies who were permitted by University policy to register in one or more courses provided they met the prerequisites.

The withdrawal rate from courses was slightly under ten percent. There are two kinds of withdrawals that can occur after registration: withdrawal from the total program and withdrawal from a course. Thirteen persons withdrew from the program over the period of this report, seven of whom had not registered for any courses prior to withdrawing. These seven were all students in the School of General Studies who had the erroneous impression that the program was designed solely for employed nursing home administrators. The other six gave a variety of reasons for withdrawing. These six, however, were part of the fifty-three the Long Term Care Education Unit had accepted, thus, the more precise picture of withdrawals would be a drop-out of 13.3 percent, or a retention rate of 86.7 percent.

Eighteen withdrawals in all took place from individual courses. Very little information could be obtained about the reasons for these withdrawals. Two students withdrew for reasons of health, while one student was never even seen although he registered for several courses. It is the impression in the Unit that the others were for the most part casual students who were testing out the possibility of preparing for an administrative position in the long term care field.

To assess knowledge and skill competencies of the entering class, the Health Services Administration Examination was administered to thirty-eight students in the fall of 1976. There were two parts to the examination. The first part, with a total of one-hundred items, was divided into three knowledge areas: Management, Man and Health, and Health Services, Systems, and Tools. The second part, with thirty items, sought to assess the student's ability to analyze a problem in a practical setting and apply his/her problem-solving skills. Standardized results showed that six of thirty-eight students taking the examination achieved a score greater than one standard deviation above the mean, twenty-seven scored within one standard deviation above and below the mean and five were below one standard deviation. Comparison with a small group of traditional students in a similar program elsewhere who took the examination at the same time did not show the external degree students to have significantly greater or less knowledge of health services administration or skills to handle practical problems.

The attitudes and values of these students were also explored, with the help of two attitude scales, Kogan's Old Peoples' Scale[1] and the Medical Opinion Survey[2]. As its name implies, the first is a measure of general attitudes toward old people. (Remember that these students were for the most part employed in nursing homes and related facilities.) Comparison with undergraduate college students at Boston University on whom the test was standardized showed the students in the LTCA program to possess a more favorable attitude toward older people--a not unexpected result.

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[1] Nathan Kogan, "Attitudes Towards Old People: The Development of a Scale and Examination of Correlates," Journal of Abnormal and Social Psychology, vol. 62, no. 1, 1962, pp. 44-51.

[2] Jack Parlow and Arthur I. Rothman, "ATSIM: A Scale to Measure Attitudes Toward Psychosocial Factors in Health Care," Journal of Medical Education, vol. 49, April 1974, pp. 385-387.

The Medical Opinion survey is made up of seven subscales which explain the respondent's feeling about:

1. Social factors: Recognition of the importance of social factors in the patient's environment as determinants of his health or illness.

2. Paramedical cooperation: Awareness of the contribution of allied health professions and desire for a cooperative working relationship.

3. Preventive Medicine: Recognition of the role of preventive medicine in maintaining health and willingness to adopt the methods implied.

4. Doctor-patient relations: Recognition of the importance of emotional factors and interpersonal relations between health professional and patient in effective patient care.

5. Government role: Degree of endorsement of the government's involvement in health care system, including regulation of costs and remuneration patterns.

6. General liberalism: Does the respondent have liberal views on social problems outside of medicine?

7. Social desirability: Endorsement of statements which reflect on the respondent in a favorable, socially desirable direction.

The mean value obtained by students was above the theoretical average value on all the subscales and on the total. The two scales in which students had the most positive attitudes were those on government role and doctor-patient relations. The lowest subscore was obtained on preventive medicine.

Upon acceptance by the School of General Studies as a degree student a Plan of Studies was developed outlining the requirements of their degree program. A sample plan is included in the Appendix as Exhibit 5. The Long Term Care Unit also kept a record of the student's major program and progress toward the degree (Exhibit 6 in the Appendix).

A brief summary of the foregoing information shows that the enrollment in the major in Long Term Care Administration was predominantly female for the most part was middle-aged; the most common educational background included

post high school experiences; the level of position held was predominantly administrative; and the most common place of employment was a long term care facility such as a nursing home, a mental health/mental retardation facility or a mental hospital.

Results of the battery of tests given on admission showed students' scores distributed in a fairly normal fashion along the bell-shaped curve, i.e., approximately two-thirds were within $\pm$ one standard deviation of the mean and the remaining third within $\pm$ two standard deviations of the mean. On a measure of attitudes towards old people these students, not unexpectedly, had more favorable attitudes that a group of traditional college students on whom the test was normed. On an attitude scale towards aspects of health care students showed the most positive attitudes towards the role of government and doctor-patient relations and the least positive toward preventive medicine.

CHAPTER VI

Evaluation (Phase VI)

The general objective of the final phase of the contract was "To determine the advisability and effectiveness of external degree programs in health services administration at the baccalaureate level with emphasis in long term care administration."

Stated as specific objectives were:

A. Provide a comparison of knowledge and skill competence of students of external degree programs and the traditional on-campus baccalaureate programs in health services administration.

B. Identify the similarities and differences between students of external degree programs and traditional on-campus baccalaureate programs in health services administration.

The methodology was to involve collaboration with the academic and administrative units and faculty of the School of Public Health to develop a plan for evaluating the processes and products of the learning experiences as well as the total project.

A detailed outline of the Evaluation Plan was a part of the Work Plan described in Chapter I. The principal evaluation methodology used was formative evaluation. The role of formative evaluation was to obtain information to improve products and processes of the program as it developed and to develop guidelines for subsequent users. In regard to the two specific objectives in this Phase it was decided that Objective A could be met by the administration of an examination to students and a comparison of the curricula of the two programs, and Objective B by various analyses of background data provided by new students upon entering the educational program.

To these ends, a Health Care Administration examination (baccalaureate

degree level) was developed.

The initial step in developing the examination was a meeting of members of the Project staff, selected course developers and selected Advisory Board members to develop a test plan and strategy. Various classification schemes for examination items were analyzed including those used in a George Washington University Examination then undergoing development, the Professional Examination Service rubrics and various examinations used by the Long Term Care Unit. It was felt that all of these rubrics were limited in that all were testing at the knowledge or comprehension level of Bloom's Taxonomy of Educational Objectives with little testing at the application or analysis level. In the committee's opinion the examination used by this project should assess not only the student's ability to acquire and comprehend knowledge but also his/her ability to solve problems or use his/her judgment in a problem situtation.

It was also felt that the examination should be criterion-referenced as opposed to being norm-referenced; thus, test results would be interpreted to the student in terms of what knowledge and skill competencies he/she had in relation to those he/she should acquire rather than how he/she compared in performance to others taking the examination. Following from this, it was recommended that the test be untimed to allow the student opportunity to demonstrate all the competencies he/she had. In educational terms, it would be termed a power test as opposed to a speeded test, which does utilize a time limit.

To implement this guiding philosophy, it was recommended that the test be divided into two parts. The first part was to assess the knowledge and comprehension level of Bloom's Taxonomy of Educational Objectives and the second part was to assess the upper levels of Bloom's taxonomy, especially

application and analysis. A multiple choice format would be used calling for only one correct answer among five options. The items in the first half of the test were in subject areas of Management, Man and Health, Health Services, Systems and Tools, and were general items. The items in the second half were classified in the same categories but incorporated acute, long term care or other health settings.

Following this, a pool of items developed from two major sources, a draft copy of the Health Care Administration Self Assessment Test[1] and the Long Term Care Unit's item bank were reviewed and critiqued by a committee composed of course developers, directors of representative baccalaureate-level health administration programs, a faculty of the program which had agreed to provide baseline data on traditional students, the Department of Hospital and Health Administration, School of Allied Health Professions, Medical College of Virginia, Virginia Commonwealth University, and selected Advisory Board members.

From this pool the committee selected for the final draft those questions they felt tested important baccalaureate-level knowledge, were clear as to meaning and upheld item writing principles. The end result of this process was an examination which consists of 130 items: 100 in Part One and 30 in Part Two. Eighty-four of the items are at the knowledge and comprehension levels of Bloom's taxonomy and forty-six are at the application level or above. In terms of subject area, forty-six are in the Management category; thirty-one are in the Man and Health category; and fifty-three are in the Health Services, Systems and Tools category.

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[1] David F. Bergwall and Thomas P. Ferry, Education for Health Services Administrators of the Future. Final Report of Contract Number NOI-MB-44177. (Springfield, Va.: National Technical Information Service, 1976).

The procedure agreed upon by the committee to score and report the results to students was to calculate a score for both parts of the examination applying a correction for guessing using the following formula: (Score=Number of Correct Items - 1/4 Number of Incorrect Items). Utilizing the same formula, the score for Part One was broken down into three subscores based on the three content areas. Subscores were not utilized for Part Two.

Finally, to standardize administration of the examination, the "Administrative Manual For Health Care Examination and Student Profile Survey" was created based upon the input of all directors of programs participating in the development of the examination.

To assess the effect of curriculum on changes in social attitudes it was decided to administer two attitudinal surveys, Kogan's Old People's Scale and Attitudes Towards Social Issues in Medicine described in the preceding chapter.

Analysis of the respective curricula of the non-traditional and traditional programs was to be achieved by a comparison of course titles and course descriptions. This information would be needed primarily in the summative evaluation stages when explanations would be sought for gains (or non-gains) in students' knowledge and skill competencies and attitudes.

The Student Profile Survey was also developed with input from the committee which assisted in the development of the examination so that comparable background data could be secured from students in both programs on demographic characteristics, employment history, educational history, career plans, educational interests, self-assessments and financing sources.

The evaluation of the program in Long Term Care Administration is the subject of a separate monograph. The description that follows is a summary of that evaluation, which had many facets--comparison with a "traditional" program, the views of the students, and the opinions of the faculty, all of which

will not be reviewed here. The data described were collected from forty-five students in the external degree program (University of Pittsburgh) and sixteen students in the traditional program (Virginia Commonwealth University). Exhibits 7 and 8 in the Appendix provide a brief description of each program.

Comparison of the two programs showed that the majority of courses were of comparable content insofar as can be judged from titles and catalogue descriptions. Two courses offered at the University of Pittsburgh, Labor Management Relations and Human Relations in Organizations do not have counterparts in the Virginia Commonwealth curriculum, but the subject areas are addressed within courses either as part of the health care program or as required courses in the business school. Table 6.1 below compares the courses by title and by curriculum function. In the table, several courses in the Virginia Commonwealth University Curriculum are repeated because the content of these courses covered content included in two or more courses in the University of Pittsburgh Curriculum. (For example: Seminar in Health Care Management included material covered in Health and Society and Regional Health Planning.)

Table 6.1

Comparison of Program of Studies of University of Pittsburgh Non-Traditional Program and Virginia Commonwealth University Traditional Program

University of Pittsburgh Curriculum*		Virginia Commonwealth University Curriculum*	
Management Theory and Organizational Theory	(E)	Management in Health Care Facilities	(C)
		Fundamentals of Management	(C)
Health Delivery System	(C)	Health Care Services II	(A)
Health and Society	(C)	Seminar in Health Care Management	(A)
Health Care Economics	(C)		
Health Services Evaluation	(C)		
Regional Health Planning	(E)	Seminar in Health Care Management	(A)

*A-Applied Course; C-Core Course; R-Required; E-Elective

Table 6.1 - continued

University of Pittsburgh Curriculum*	
Financial Management	(R)
Health and Aging	(C)
Labor Management Relations	(E)
Personnel Administration for Long Term Care Facilities	(E)
Human Relations in Organizations	(C)
Introduction to Gerontology	(E)
Administration of Institutional Patient Care Services	(E)
Applied Legal Issues	(E)
Policy Issues in Long Term Care	(E)

Virginia Commonwealth University Curriculum*	
Financial Management	(C)
Fiscal Management of Health Care Facilities	(C)
Cost Accounting	(C)
Psychological Aspects of Illness and Disability	(C)
(Covered in Personnel Management Offered by Business School)	
Personnel Management in Health Care Facilities	(C)
Personnel Management	(C)
Personnel Management	(C)
Introduction to Gerontology	(C)
Health Care Services III	(A)
Legal and Regulatory Controls	(C)
Legal Environment	(C)
Practicum	

Many of the differences found between the two groups, and noted in this Report, may be attributed, we believe, to the marked differential in age. Eight of the sixteen traditional students were under twenty-six years of age and another three were between twenty-six and thirty. On the other hand, twenty-four of the forty-five external degree students were over forty and one was under twenty-six.

Marital status reflected the age pattern: Thirty-one of the external degree candidates were married as against five of the traditional students. Seven of the sixteen traditional students still considered themselves members of their parents' households.

Thirty-five of the external degree students were female as against nine of the traditional students. We may surmise that this may account in part for the finding that average income in the two groups was roughly the same.

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*A=Applied Course; C=Core Course; R=Required; E=Elective

Well over half of both groups said consideration of a health career had been prompted by a job in a health-related area.

With respect to educational objectives they considered to be important, the percentage of those responding who said each of the following objectives was very important is shown in the following tabulation:

Objective	Percentage checking "very important"	
	External Degree	Traditional
1. To develop a new career	49	67
2. To acquire specific skills that will be useful on a job	89	80
3. To satisfy degree requirements for a job	51	60
4. To meet academic requirements necessary to enter a profession	37	80
5. To improve chances of increasing my income	40	47
6. To attain greater personal enrichment	70	67
7. To acquire skills to improve the quality of care provided to patients in the health care system	91	80
8. To develop an understanding and appreciation of science and technology	21	20
9. To meet academic requirements necessary to enter graduate school	14	33
10. To increase my appreciation of art, music, literature, and other cultural expressions	5	0

By and large, the two groups showed a strong similarity. Where they differed markedly, the reasons may readily be discerned. For example, that the objective of a higher proportion of the traditional students was "to meet academic requirements necessary to enter a profession" is understandable since these were younger people and beginners while the external degree students were already in a profession. Similar reasons account for the high, or higher, proportion of traditional students considering as very important "to develop a new career"

and "to meet academic requirements necessary to enter graduate school."

Four additional questions had a somewhat more personal basis. The percentages considering each of the following educational objectives to be very important were as follows:

Objective	Percentage checking "very important"	
	External Degree	Traditional
1. To develop a professional identity	37	73
2. To become involved in social and political concerns	14	40
3. To satisfy a personal desire to have a college education	40	40
4. To achieve a promotion in my profession	40	20

Both groups were even in the desire for a college education but more of the external degree group seemed to consider it in terms of gaining a promotion. The traditional students showed a greater concern about developing a professional identity and about social and professional issues.

When the students were asked to select the one objective most important to them, the greatest number in each group (39 percent in the external degree and 36 percent in the traditional program) chose "to acquire skills to improve the quality of care provided to patients in the health care system."

In view of the differences in the admission policies of the two programs it would be expected that the traditional students were "better educated" - all had had some college work, most with over sixty college credits or their equivalent. As we noted earlier, approximately thirty-six percent of the external degree candidates had had no college work. The external degree students were, of course, all part-time with one exception, while all but one of the traditional students had full-time status.

The students in both programs used a variety of sources to obtain financial support for their education. Traditional students were more likely to use parental income as a source of financing and external students were more likely to rely on their own earnings. While all of the external degree students were employed in a health facility, only a third of the traditional students were so employed. Indeed, seven of the traditional students stated they were unemployed; they were presumably devoting full time to their school programs. The external degree students had been employed in the health field an estimated average of thirteen years, the employed traditional students an average of eight.

Over half of the external degree students were already licensed as Nursing Home Administrators; of the traditional students only one held such a license when this survey was made, but almost all the rest were working toward a license or wished to begin working toward one.

When asked about future employment plans, three-fourths of the traditional students said they would like to change employers. Only a third of the external degree students hoped to make a change. For those in both groups who wished to make a change, there was a fair amount of agreement that quality and reputation of the institution was very important, and that where the spouse finds employment was of little or no importance.

By and large, on the question of securing a position, external students tended to place more importance on past job experience, reputation of the employing institution, salary and fringe benefits, and geographic location. Traditional students tended to place more importance on personal contacts or references, a specific competence, opportunity to work with colleagues, physical facilities of the job setting, personal or social compatibility with

employer and staff, the job market, and the status accorded the position. When asked to indicate the most important factor in securing employment, the responses were scattered. The modal response for the traditional students (4 of 12 responses) was "a specific competency." As for kind of facility, a nursing home was the overwhelming choice of the external degree students and the choice of half of the traditional students.

Age and position already held very obviously affected the selection of the "position most desired within one year after graduation." External degree candidates opted for administrator while most of the traditional students, showing lower initial employment aspirations, elected associate or assistant administrator.

In regard to self-perception and values, both groups tended to consider themselves above average with respect to drive to achieve, independence, and self-motivation, and average in self-confidence and writing ability. On other traits, such as academic ability, persistence, and interpersonal skills, the traditional students tended to regard themselves as about average while the external degree students were more likely to perceive themselves as average. The reverse seemed to be the case with regard to leadership and humanitarianism.

Students were also asked to rate the influence of various factors in considering possible careers. Both groups agreed that the opportunity to be of service was very important, and both rated the following as important:

Very high level of financial security.
Chance to achieve status or prestige.
Opportunity to help solve social problems.
Being my own boss.

As was to be anticipated, the traditional students attributed greater importance than did the external degree students to:

Chance to contribute to an area of scholarship or science.
Chance to be original and creative.
Freedom from close direct supervision in my work.

Both groups reacted in fairly similar fashion to half the questions in a series of six about life goals. Both thought the following to be very important or extremely important:

Being highly successful in my career.
Being of service to other people or to society.

But most of the students in both groups felt that "achieving a very high level of financial security for myself and family" was at best fairly important.

Points of disagreement reflected the differences in age, experience, and purpose in enrollment. Rearing a family was only fairly important to the traditional students while the external degree students thought it very important. The opposite was true with respect to the importance of making an original contribution to a field of knowledge and achieving a position of leadership in one's community.

The instruments used to assess student attitudes, the Kogan's Old Peoples' Scale and the Medical Opinion Survey, were described in both the preceding chapter and the first part of this chapter. The scores obtained on the Kogan Scale were remarkably alike despite the differences on the characteristics of the two groups that have been noted. On the Medical Opinion Survey, the external degree students showed a greater awareness of the contribution of the allied health professions (Paramedical Cooperation) and appeared to hold more liberal views on social problems generally (General Liberalism). The traditional students did better on the other five subscales, but only the Social Desirability score was statistically significant in comparison with the external degree group.

The results of an examination administered to each student on entrance to

their programs found that neither group differed significantly from each other in entering levels of intellectual ability at the knowledge, comprehension, and application or analysis levels.

Numerous similarities and differences among the non-traditional and traditional students in our sample were observed. However, the generalizability of the findings is restricted by the nature of the two programs participating in the study and the limited sample sizes. Within these limitations the final observations can be stated.

Non-traditional students were more dissimilar than similar to traditional students in demographic characteristics. The modal age category of external students was forty-one to forty-five years while for traditional students it was twenty to twenty-five years. A greater number of external degree students were married in contrast to the greater number of traditional students who were single. Both the external and traditional groups had modal incomes of $15,000-$19,999. External students were more likely to rely upon a single source of income, i.e., earnings from their own work, for total financing of their education while traditional students were likely to use a combination of sources, the most common being parental income.

The great majority of external degree students were employed in health facilities while slightly less than half the traditional students were unemployed. Traditional students tended to hold positions related to patient care while external degree students were most likely to hold administrative positions. The preponderance of the non-traditional group held a Nursing Home Administrator (NHA) license while traditional students were most likely to be working towards an NHA.

Most external students did not wish to change employment after graduation from their programs while traditional students did. The greatest part of both

groups desired to be employed in a nursing home within one year after graduation from the program. External students most desired to hold the position of administrator while traditional students most desired to hold assistant administrator positions.

External degree students showed greater variety in their entering educational levels than traditional students. Admissions policies account for the wide variations in the two groups on this characteristic.

In regard to expectations of benefits from an educational program the majority of students in both groups evaluated their educational objectives similarly. Most saw the following as very important educational objectives:

1. To develop a new career.
2. To acquire specific skills useful on a job.
3. To satisfy degree requirements for a job.
4. To meet academic requirements necessary to enter a profession.
5. To improve chances of increasing income.
6. To attain greater personal enrichment.
7. To acquire skills to improve the quality of care provided to patients in the health care system.

Acquiring skills to improve the quality of care provided to patients was most often identified as the most important educational objective by the majority of students in both groups. Other objectives were selected as the most important by either one group or the other. For example external students selected: to acquire specific skills useful on a job; to improve chances of increasing income; and to achieve a promotion, whereas traditional students selected, to develop a new career and to meet academic requirements necessary to enter a profession.

The largest groups in both the external and the traditional program felt they were above average in drive to achieve, independence, and self-motivation, and average in regard to self-confidence and writing ability in comparison to

others of their own age.

Both student types appeared to perceive life goals as being of highly successful in their career and being of service to other people or society most frequently as very important and achieving a very high level of financial security as fairly important.

External degree students tended to place greater importance on life goals of rearing a family and less on making an original contribution to a field of knowledge, achieving a leadership position in the community, and freedom from close supervision in the work setting than did traditional students.

From examinations taken by both groups of students it was found that external and traditional students were not significantly different in knowledge and comprehension in subject areas of Management Sciences, Behavioral Sciences and Health Sciences or in analyzing and handling practical problems situations.

On attitude scales external and traditional students did not hold significantly different attitudes towards old people as measured by the Kogan's Old People's Scale (KOPS). As measured by the Medical Opinion Survey, overall, the non-traditional and traditional students were similar except for one scale, Social Desirability, for which there was a statistically significant difference.

ADDENDUM TO FINAL REPORT

COST COMPONENTS OF NON-TRADITIONAL AND TRADITIONAL PROGRAMS

A number of writers on financing of non-traditional programs take the position that the question of quality is as essential to a non-traditional program as to a traditional one and can be endangered if the non-traditional program is implemented as a cheaper alternative to a traditional program. Some question whether non-traditional programs should be costed differently than traditional programs, preferring to treat the two kinds as interchangeable and integrated rather than as separate programs.[1]

In identifying kinds of expenses for traditional and non-traditional programs there are many commonalities even though there are some unique elements or emphases in a non-traditional program which differ from a campus-based program.

Cost data are unique to any educational program be it traditional or non-traditional and should be accompanied by a description of the population to whom the program is directed and a description of the program in terms of program goals or objectives, curriculum elements and the requisite knowledge and skills to be acquired by students through their participation in the program. Specifying benefits places costs in a larger perspective.

While cost analysis pertains to stages of research and development, investment, and operating activities this paper will focus on the operational state of a non-traditional vis a vis a traditional program. Operating costs

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[1] An indepth presentation of financing approaches is contained in either of the two following publications: Harold R. Bowen, "Financing the External Degree", Journal of Higher Education V.XLIV, No. 6, June 1973, 479-493; and Leland Medsker et al., Extending Opportunities for a College Degree. Berkeley: Center for Research and Development in Higher Education, 1975.

include recurring costs required to operate a program over time. Salaries of personnel and costs of supplies and equipment are examples of operating costs.

In relating cost data to the activities required to achieve the objectives of a program, commonalities occur in the activities undertaken with variability occurring in the emphases or degree of the activity required to achieve objectives. For example, operational activities generally include the following:

Advertise/recruit students
Register students.
Counsel/advise students.
Instruct students.
Evaluate Students.
Communicate with students.
Maintain student records.

Program costs incurred in carrying out these activities include, for example, such items as:

Faculty Salary Full-Time
Faculty Salary Part-Time
Non-Faculty Salary Full-Time
Non-Faculty Salary Part-Time
Graduate Student, Teaching Associate, or Teaching Fellow
Fringe Benefits
Supplies
Travel
Consulting
Telephone
Printing
Equipment Purchases
Equipment Maintenance
Mailing
Space Rentals
Indirect Costs
Faculty Extra Time Commitment

A brief examination of some of the preceding items will illustrate the differences between emphases in traditional and non-traditional programs.

Instructional costs relate to faculty time which in turn is a function of class size. Demands on faculty time are potentially greater in a

non-traditional program. Contacts with students require more one-to-one interactions than are normally required. Feedback is time-consuming particularly if the written mode is used. The cost of updating study materials in faculty time alone is far greater than for a traditional program since extra care is required in writing unambiguous educational materials.

From an institutional viewpoint there is less use of buildings and equipment, (thus less wear and tear on equipment) which theoretically should reduce the cost of a non-traditional program except that there are potential drawbacks in non-use of fixed assets. They could be better utilized if more students were registered, thus reducting per unit costs. Additionally, other expenses must be incurred (which may be larger in the long run than those using campus facilities) such as fees for using off-campus locations, travel expenses, rental of audio-visuals, and the purchase of additional reference books because of the lack of access to these materials at off-campus locations.

Academic administration services which would be extensively utilized in a non-traditional program would be counseling and evaluation activities. Specialized faculty and/or staff require training for these responsibilities. The expense of training combines elements of recurring and non-recurring costs.

In a program in which contact is largely impersonal as may be the case with a non-traditional program such costs as supplies, printing, and mailing form a large part of the budget for general administration expenses as well as requiring much secretarial and clerical time.

Not considered to this point are costs incurred by the student from the time the student enters the program to completion of the program requirements. Elements of these costs might be foregone earnings (which are very difficult to document and measure), tuition, travel and lodging (if contact sessions are required), books and other supplies, and tuition.

In regard to alternative ways in which students can satisfy credit requirements, the use of special examinations is associated more with a non-traditional program than a traditional one. The cost of sixty credits (the maximum permitted to be earned from such a source) would be less than the costs normally associated with earning sixty credits in the normal way in an educational institution.

Accrediting of prior experience (again depending on the number of credits permitted by an institution) could result in a saving to the student over that which he/she would have to pay for earning the credits under the usual conditions, not to mention the saving of time, permitting the student to devote himself/herself to more productive employment. However, as pointed out in the earlier discussion, the use of faculty and staff personnel in the assessment process increases the cost of academic services.

While employed adult students are generally considered capable of meeting their own expenses this is a simplistic view. As the evaluation of the University of Pittsburgh external degree program showed many of the students had to use their savings or other financial resources to defray their expenses. A number of requests were made for financial aid such as that given to traditional students, especially by women whose earnings have never equalled those of males.

With this brief review of some of the broad differences in costs between non-traditional and traditional programs the gap between rhetoric and practices of institutions in their policies for non-traditional programs (such as paying their own way or in not demanding the rigor expected of a traditional program) defeats the goal of having a program equal in every respect to a traditional on-campus program.

APPENDIX

EXHIBIT I

WORK PLAN CONTENTS

1.0 DEFINE PURPOSE OF EXTERNAL DEGREE PROGRAM IN HEALTH SERVICES ADMINISTRATION WITH A LONG TERM CARE ADMINISTRATION MAJOR

2.0 DETERMINE SCHOOL OF GENERAL STUDIES PROGRAM REQUIREMENTS FOR A BACCALAUREATE DEGREE

3.0 IDENTIFY CURRICULUM STRATEGY TO DEVELOP PROGRAM IN HEALTH SERVICES ADMINISTRATION WITH A LONG TERM CARE ADMINISTRATION MAJOR

4.0 ESTABLISH GRADUATE SCHOOL OF PUBLIC HEALTH REQUIREMENTS FOR HEALTH SERVICES ADMINISTRATION WITH A LONG TERM CARE ADMINISTRATION MAJOR

5.0 DETERMINE PROGRAM POLICIES AND PROCEDURES

6.0 OBTAIN APPROVAL OF DEGREE PROGRAM

7.0 DEVELOP COURSES WITH COLLABORATION OF UNIVERSITY EXTERNAL STUDIES PROGRAM

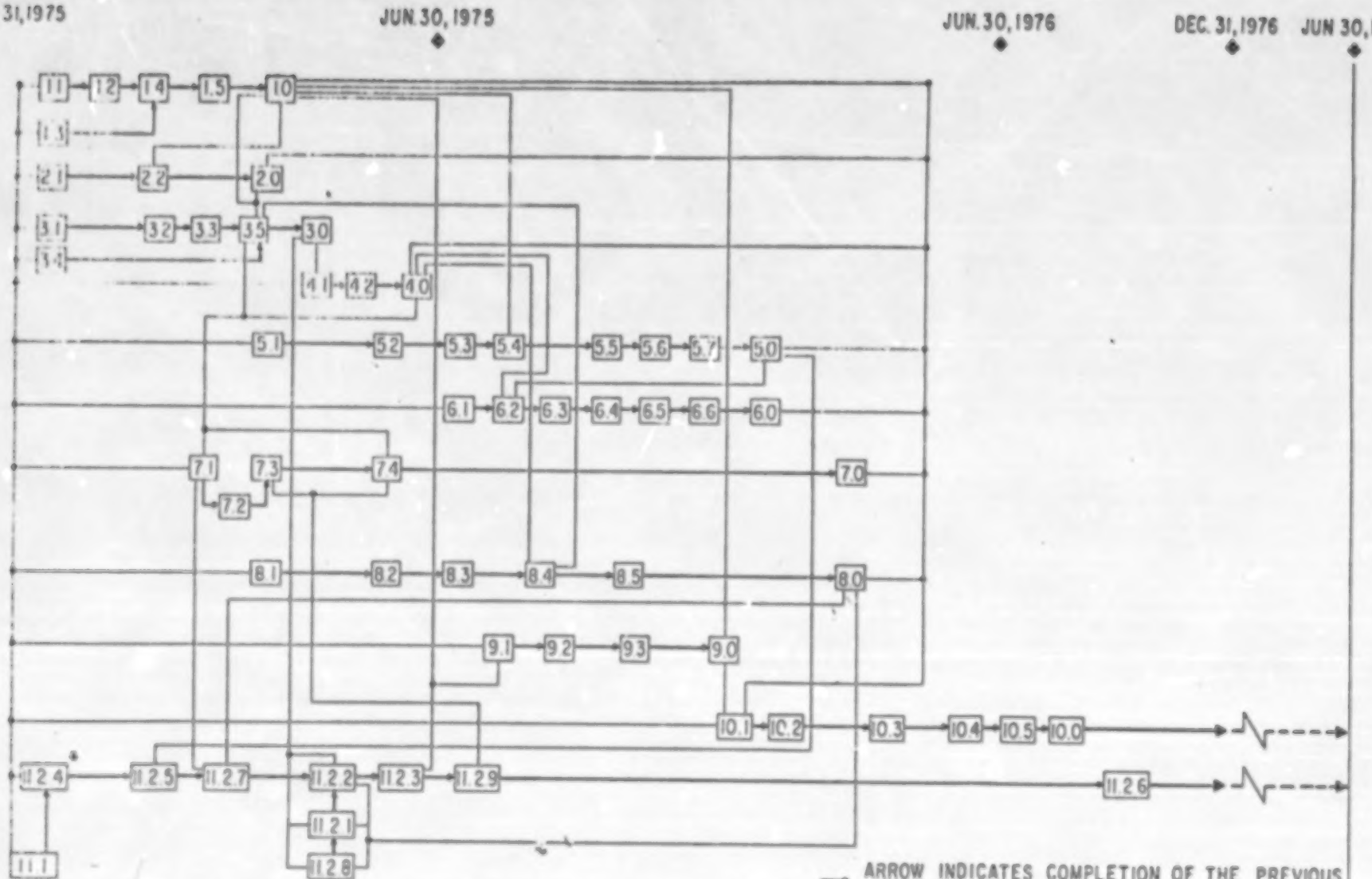
8.0 DESIGN SPECIAL NON-COURSE LEARNING EXPERIENCES

9.0 DEVELOP MARKETING DESIGN IN CONSULTATION WITH UNIVERSITY EXTERNAL STUDIES PROGRAM

10.0 BEGIN PROGRAM

11.0 DEVELOP AN EVALUATION SYSTEM

EXHIBIT 2



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* ORGANIZATION OF EVALUATION REQUIRES USE OF A THREE-POINT SCALE

EXHIBIT 3

HEALTH AND SOCIETY

Course Guide

Rationale

Long-term care institutions, like other health care organizations, are but one, like in a long chain of health services to the members of our society. A multitude of programs exist in our society, whose main concern is the general health and welfare of our citizens. Some of these are categorical, i.e., aimed at distinctive groups, and others are general, aimed at everyone in the nation, in terms of maintaining public health at a certain optimal level. Barriers exist in the health system and in individuals which mitigate against full use of these health services. Basic knowledge about these factors will help in promoting a better "fit" on the part of long-term care administrators in the total health arena of society.

The readings and study questions for this course are intended to help you learn more about the subjects and to attain the following course goals:

Develop an understanding of the historical evolvement of a human services system.

Develop an understanding of the ways in which the components of the present health care "system" interrelated and fail to interrelate.

Develop an understanding of the nature and concerns of fundamental health programs within the context of the historical development and the operation of the present "system."

Based on the three preceding understandings, develop an understanding of the movement toward an integrated health services system.

Course Description

This course is designed to provide a basic understanding of the evolution and present functioning of health care in our society. The eleven units comprising the course fall into four broad areas. First is the Historical

Perspective which traces the development of public health, first as a governmental responsibility and later in combination with the private sector. The second area deals with the structure and function of public and voluntary health agencies as well as manpower issues. The third area focuses on specific health programs including Personal Health Services, Community Mental Health Services, Maternal and Child Health and Environmental Health Services. These represent major public health concerns. The fourth and final area is Planning and Evaluation which emphasizes the linkages among health program and the role of the citizen in making full use of these services.

Course Materials

There are three required books for this course.

1. The UESP Study Guide.
2. Daniel M. Wilner, Rosabelle Price Walkley, Leon S. Goerke. Introduction to Public Health, Sixth Edition. New York: MacMillan Publisher Co., Inc., 1973. ($10.50)
3. Basic Introduction to Health Services Administration: Selected Readings. Editor William T. Hall, New York: MSS Information Corporation, 1976.

Workshop Sessions

There will be three workshops for this course. Check the Course Addendum for dates, times and locations. Attendance at workshops is encouraged but not required.

WORKSHOP I

1. General Orientation to the UESP;
2. Pretest;
3. Orientation to Health and Society

   Brief overview of what the course will cover
   Discussion of Texts to be used and why certain parts of them are selected for special attention
   Discussion of additional (optional) readings

Discussion of methods of feedback from students/faculty
Discussion of assignments, examinations (e.g., - special assignments on Units 8 and 11)
Criteria for grading

4. Time for meeting with individual students with any individual problems

WORKSHOP II

1. Student feedback;
2. Summary of course content thus far;
3. Clarification discussion with students.

WORKSHOP III

1. Discussion with students for feedback regarding clarification of course content;
2. Summary lecture of total course;
3. Reiteration of criteria for grading;
4. Informal student evaluation of course with suggestions for improvement.

COURSE REQUIREMENTS AND GRADING

Course requirements consist of two assignments and two examinations. The first assignment is included in Unit 8: Mental Health and the second assignment is in Unit 11: Evaluation. These assignments should be typewritten and mailed to your instructor by the date listed in the Course Addendum. Assignments will be graded on the thoroughness of your work.

The course also requires a midterm and final examination. Both of these are take-home exams consisting of essay questions. The midterm exam covers Units 1-5 and the final covers Units 6, 7, 9 and 10. Exams will be graded on your ability to summarize key points, interrelate issues and concerns of public health, and give your opinions on these issues and concerns. Check the Course Addendum for examination due dates.

Since the examination questions are based on unit objectives, you will receive feedback on your answers by means of a Feedback Sheet. This will let

you know how will you have mastered the objectives.

Your final grade in the course will be based on the following:

Assignment 1 - 10%
Assignment 2 - 10%
Midterm Examination - 30%
Final Examination - 50%

STUDY DIRECTIONS

This course consists of eleven study units. Each unit has five basic components. First is the Introduction which provides an overview of the material to be studied in the unit and explains why it is important. This section also introduces the readings for the unit. The second component is the Objectives. These are very important statements describing what you should be able to do when you have finished studying the unit. Test questions will be based on these objectives. The third component, Study Directions, do exactly what the name says -- they tell you what to do in order to complete the unit of study. Since each person has a unique way of studying, these directions are only the instructors recommended procedure for completing the unit. If you find a more comfortable study style, feel free to use it. Just make sure you complete all the work and have mastered all the objectives. Study Questions are the fourth component. The instructors recommend that you answer these questions after you have done the reading assignment. In that way you can check the degree to which you understand the readings. The study questions highlight important points in the reading and sometimes ask that you apply the information to your own experiences. Answering the questions should help you prepare for the examination. Answers to the Study Questions is the fifth component. These answers refer you to paragraphs in the reading which contain the answers. The answers also contain instructor comments or notes and sometimes suggest points you should

have considered when answering the Study Questions.

In addition to these four basic components, some of the units will have reprints of articles for the units assigned readings. Some units also have sample examination questions and answers. These should give you a fair idea of what will be expected from you in the course. Two units have exercises for you to complete and mail to your instructor for credit.

Should you have any questions or problems as you work with the Study Guide, please contact your instructor at the address given in the Course Addendum.

EXHIBIT 4

LTCA 717

HUMAN RELATIONS

COURSE GUIDE

Course Rationale and Goals

The purpose of this course is to provide a general understanding and application of effective human relations for those engaged in administration in the health industry. Topics discussed in this course will include individual behavior, interpersonal behavior, group behavior and interplay of human and non-human factors. Emphasis will be placed upon the analysis of motivation theory as it applies to individual behavior communications and influence theory applicable to interpersonal processes and interaction theory as it influences group actions. Since a large part of the nursing home administrator's time and effort are devoted to influencing employee and patient actions, this course should be valuable in the development of the necessary administrative skills necessary to accomplish tasks.

In the process of completing this course you should not only acquire the knowledge and skills appropriate for effective and efficient administration, but also recognize that motivational theory findings reveal a basis for logically designing structures, goals, controls, relationships and rewards calculated to influence behavior. In addition, this course is designed to expose you to ideas concerning changing systems of the organization and the reactions of people in adapting, working, and creating within such environments.

Course Organization

The course and the required textbook are divided into three parts each dealing with distinct yet interrelated aspects of administrative functions. Part I of the course concentrates on the explanation of interpersonal and

group behavior in organizations. Part II concentrates on management, interrelation of tasks, technology and structure. The last part of the course, Part III, explores the roots of conflict in organizations and management of the individual in such conflict situations. The course outline provided here shows course topics in greater detail.

Course Outline

I. INDIVIDUAL AND GROUP BEHAVIOR

A. Motivation

1. Hierarchy of Needs
2. Socially Acquired Motives
   (a) Achievement Motive
   (b) Affliation Motive
   (c) Power Motive
3. Motives and Behavior
4. Expectancy Theory
5. Cognitive Dissonance Theory

B. Interpersonal Communication

1. Barriers to Understanding
   (a) Psychological Interference
   (b) Perceptual Distortion
   (c) Erroneous Translation
2. Understanding
   (a) Congruence
   (b) Network Compliance

C. Organizational Influence

1. Authority Relationships
2. Intimacy Relationships
3. Rational Agreement

D. Group Dynamics

1. Informal Status Systems
2. Group Cohesion
3. Distributive Justice
4. Status Incongruency

E. Group Behavior and Decision Making

1. Attitude and Behavior Expectations
2. Rational Decision Making
3. Groups and Risk Taking

II. TECHNOLOGY, STRUCTURE AND ADMINISTRATION

A. Tasks and Structure

1. Need Satisfaction
2. Achievement and Competence
3. Negative Motivation

B. Structural Design

1. Line/Staff Administration as Integrators
2. Decentralization Structure
3. Matrix Structure

C. Planning and Controlling

1. Directive and Supportive Planning
2. Management By Objectives
3. Program Management
4. Measuring and Evaluating Performance
   (a) Cognitive Dissonance
   (b) Anxiety Reduction
5. Management Systems and the Human Organization

D. Leading, Regarding and Consistency

1. Leadership
   (a) Congruence Approach
   (b) Contingency Approach
2. Formal Regards

III. MANAGEMENT OF CONFLICT AND CHANGE

A. Organizational Conflict

1. Forms of Conflicts
   (a) Interpersonal
   (b) Intrapersonal
   (c) Intergroup
   (d) Interorganizational
2. Role Conflict

B. Managing Organizational Conflict

1. Dominance

2. Bargaining

(a) Distributive
(b) Integrative

C. Organizational Development

1. Problem Diagnosis

(a) T-Group/Sensitivity Training
(b) Confrontation Sessions

2. Role of the Consultant

Required and Supplementary Course Materials

In addition to the Study Guide, one textbook is required for this course: David R. Hampton, Charles E. Summer, Ross A. Webber, Organizational Behavior and the Practice of Management, (Glenview, Illinois: Scott, Foresman and Company, 1973).

The following list identifies suggested readings which the instructor thinks can be particularly helpful to those students who wish to study any of the course topics in greater detail. The readings can be found in

McClelland: "The Two Faces of Power"
White: "Motivation Reconsidered: The Concept of Competance"
Festinger: "Theory of Dissonance"
Maslon: "Isomorphic Interrelationships Between Knower and Known"
Berlo: "Communications, Feedback, and Empathy"
Etzioni: "Leaders' Control and Members' Compliance"
Simon: "Authority: Its Nature and Motives"
Katz: "Informal Work Groups and Autonomy in Structure"
Maier: "Group Problem Solving"
Herzberg: "One More Time: How Do You Motivate Employees?"
Koontz, O'Donnell: "Functional Authority"
Lawrence: "Charging Organizational Behavior Patterns"
McGregor: "Management by Integration and Self-Control"
Likert: "Making Cost Control Work"
Tannenbaum: "Choosing a Leadership Pattern"
McClellan: "Money as a Motivator: Some Research Insights"
Morse, Lorsch: "Beyond Theory Y"
Katz, Kahn: "Taking Organizational Roles"
Zaleznik: "Power and Politics in Organizational Life"
Walton: "Third Party Roles in Interdepartmental Conflict"
Scott: "Appeal Systems in Organizations"
McGregor: "Team Development"
Beckhard: "The Confrontation Meeting"
Beckhard: "Improvement in a Decentralized Organization"

Workshops

The workshop at the mid-point of the term of study is designed to both identify student difficulties, if any, with the first units of study and to introduce additional case studies and lecture material for further clarification of reading and study assignments. This session will also provide a vehicle by which students may interact and interrelate with others concerning the course materials covered to date. The case study submitted by students in Assignment I will be returned and discussed and midterm examinations will be distributed. Attendance at this workshop is not mandatory.

Course Requirements and Grading

Course Requirements consist of a case study, a midterm and a final examination.

Your final grade in the course will be based on the following:

Case Study - 20% of the final grade.
Midterm Examination - 40%
Final Examination - 40%

Students who do not complete the course within the deadlines of the term have the option of taking a G-grade. For this course the G-grade provides one additional term to complete the course work. Anytime needed beyond this one additional term must be renegotiated with the instructor.

Study Directions

This course contains twelve units of study. Each chapter in this Study Guide corresponds to a chapter in the textbook. Described here are the components of each study Guide chapter.

1. Introduction to the Reading Assignment--This section states the reason for your examination of the information contained in the chapter. From time to time, the introduction previews some of the concepts you will encounter in your reading and also gives a rationale for the inclusion of the discussion material within the total context

of the course.

2. Chapter Objectives—These are specific statements indicating the materials from the readings that you are responsible for and what you should be able to do with the materials. You can use these objectives to check your mastery of the materials. As you complete each chapter, go back to the objectives and see if you can perform the task described. For example, the first objective in Chapter 1 is, "Identify and give examples of Maslow's hierarchy of needs." You should be able to list the needs described by Maslow in their order of potency and give an example of each need. You can then check your response against information in the textbook and Study Guide.

3. Study Tasks--These appear throughout the chapter and direct your study efforts. They explain what you should do and in what order.

4. Instructor Comments--This section affords the instructor the opportunity to supplement the reading assignment with specific comments of his own. When the comments are intended to clarify particular passages in the text, page numbers are given. Study all comments as well as other assigned materials. The combined exposure to the text, supplemental readings, discussion questions, cases and instructor comments will enable you to prepare adequately for responses to examination questions.

5. Study Questions and Sample Answers--These questions will help you review information, begin to apply it, and assess your degree of comprehension. The sample answers provide guidelines by which you can check your answers. Since most of the questions are the essay type, a range of answers would, of course, be acceptable.

6. Case and Case Comments--The cases allow you to apply some of the concepts, principles and theories to practical situations. The comments should help you to evaluate your own response to the case.

7. Optional Readings--This section lists readings from the text which the instructor feels are particularly useful in expanding on or clarifying material in the chapter.

Soc. Sec. # _____

EXHIBIT 5

Data No. _____

STUDENT EDUCATIONAL RECORD

Name: _____
Last First

Date of Entry to Program: Year_____ Term: Fall____ Winter____ Spring____

Experimental Group: Yes____ No____

Pretest Scores on Health Care Adm. Examination: Part I_____ Part II_____

Posttest Scores on Health Care Adm. Examination: Part I_____ Part II_____

LTC Student Classification: Degree____ Certificate____

Application Procedure Completed: Yes____ No____

SGS Student Classification: Degree_____ Degree Provisional_____

Special Postgraduate_____ Special Student_____

Advanced Placement Credits Earned (CLEP)_____

Transfer Credits Awarded: General Education_____

Major_____

Electives_____

Course Work in Major			Course Work in General Education		
Term/Year	Course Title (Department No.)	Grade	Term/Year	Course Title (Department No.)	Grad

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EXHIBIT 6 **Table VI. Sample Study Plan of Degree Student**

US-139
DISTRIBUTION OF CREDITS FOR DEGREE STUDENTS

CODE:
D = CR FROM OTHER COLLEGE OR UNIV.
P = CR FROM OTHER SCHOOL AT PITT
AS = AS EXAM IN SCHOOL OF GEN. STUDIES

NAME - LAST, FIRST, MIDDLE | STUDENT NO.

ADDRESS - STREET, CITY, P.O. ZONE, STATE

AREA OF CONCENTRATION | ADVISER'S SIGNATURE & DATE

AREA & CREDITS REQUIRED	CODE	CREDITS EARNED TO DATE	CREDITS EARNED	F	Q.P.
A - SKILLS (12-14) — COMMUNICATIONS					
(12-14) (4)					
English Cp 701			3		
English Cp AW, CW, RW, SW			3		
Speech 701			3		
LANG., MATH., LOGIC					
(8-8)					
Math 703A, 703B, Phil 711;					
Math 703A, 703B, HPS 711;					
Phil 711-712; or					
2 terms of a language			6-8		
B - UNDERSTANDING (45) — HUMANITIES					
(45) (36) (12) In 3 departments:					
Classics, English,			3		
Fine Arts, Music,			3		
Philosophy, Speech,			3		
Studio Arts			3		
LOWER DIVISION (36) SOCIAL SCIENCES					
(12) In 3 departments:					
Anthropology,			3		
Economics, Geog.,			3		
History, Political			3		
Science, Sociology			3		
NATURAL SCIENCES					
(12) In 3 departments:					
Astronomy, Chemistry,			3		
E & Pl Sciences,			3		
History & Phil of Sci.,			3		
Life Sciences, Math,			3		
Psychology, Physics					
UPPER DIVISION (9)					
(9) 880-889 or Equiv.					
3 Departments			3		
			3		
			3		
(At least 2 areas)					
TOTAL			60		

AREA & CREDITS REQUIRED	CODE	CREDITS EARNED TO DATE	CREDITS EARNED	F	Q.P.
C - AREA OF CONCENTRATION (36)					
(36)					
Major					
36-48 credits					
D - ELECTIVES (23-27)					
(23-27)					
Electives -					
must reflect an					
even distribution					
of 700 and 800					
level courses.					
Professional majors					
must take electives					
in Arts & Science courses only.					
NO CR TO DEGREE					
TOTAL-THESE COLS			60		
TOTAL-FIRST COLS			60		
TOTAL-BOTH			120		
Q.P.A.					

REMARKS
Electives may be in:
Psychology
Sociology
Computer Science
Mathematics
No electives may be taken in another professional area.

EXHIBIT 7

Major In Long Term Care Administration

Long Term Care Education Unit, Department of Health Services Administration, School of General Studies, University of Pittsburgh

The Long Term Care Unit in the Department of Health Services Administration has developed a non-traditional degree program to meet the special needs of the working long term care administrator. This type of program enables those who cannot attend classes on a regular basis to earn college credits at home while they continue to work.

The major in Long Term Care Administration is designed with:

- a delivery format that enhances the participation of geographically dispersed administrators;
- a system of instruction that provides opportunities for personalization of course work and contacts with faculty;
- a flexible program structure that enables students to utilize traditional and non-traditional modes of learning by combining on-campus course work, externalized courses, advanced placement, and advanced standing.
- a curriculum that enhances access to graduate study;
- opportunities for students to increase horizontal and vertical mobility both within the long term care field and among other components of the health care system.

Degree Program

All degree students are required to take the core courses and required courses. Elective courses may be taken depending on the student's career goals and interests. In addition to these requirements, students must fulfill the School of General Studies 120 minimum credit requirement, approximately 60 of which are general education requirements.

To be admitted to the School of General Studies one must have a high school diploma or the equivalent. To be admitted to the major students must be presently employed in an administrative position in the long term care field.

The ultimate goal of the major is to develop health administrators with

a specialty in Long Term Care Administration. Thus, graduates of this program will be able to:

a. understand the distinguishing characteristics, i.e., social, political, ethical, and economic, of the health delivery system and the function of long term care organizations within that system;

b. competently discharge their functional responsibilities as organizational administrators within the health delivery system by utilizing knowledge of the underlying management and behavioral sciences fundamental to the effective practice of administration;

c. internalize the value orientations identified with a human services role to achieve the highest ethical standards in the humane treatment of their patients through acquiring knowledge and understanding of individual, social, and environmental determinants of health and aging.

The Program of Studies consists of core, required and elective subjects. Core courses provide both generic knowledge and skills about the health care system, and selected management theories, tools, and techniques common to all administrators regardless of setting. The required courses use nursing home settings to illustrate the content of the courses.

Core Courses

Human Relations in Organizations
The Health Delivery System
Health and Society
Health Economics
Evaluative Concepts

Required Courses

Financial Management
Labor Management Relations
Personnel Administration for Long Term Care Institutions
Introduction to Gerontology
Administration of Institutional Patient Care Services I
Applied Legal Issues in Long Term Care

Elective Courses:

Management Theory and Organizational Theory
Regional Health Planning
Health and Aging
Public Policy and Long Term Care

Certificate Program

The certificate program may be elected only by students with a prior earned degree who do not wish to earn another baccalaureate degree, but who are interested in specialized preparation for a long term care administrative position.

The subjects from which the student may develop his or her individualized certificate program consist of the core courses and four of the six required subjects. Twenty-seven total credits are required for a certificate in Long Term Care Administration. There are no mandatory, general education or academic discipline requirements.

EXHIBIT 8

Major in Long Term Care Administration

Department of Hospital and Health Administration, School of Allied Health Professions, Medical College of Virginia, Virginia Commonwealth University

This undergraduate program was established in 1973 with the assistance of a special projects grant from the National Institutes of Health. The program, which is a cooperative effort between the department of hospital and health administration and the University's school of business, has three purposes. The principal purpose is to meet administrative needs in nursing homes and other long-term care facilities: this purpose is being achieved by providing a B.S. degree in health care management with a major in long term care administration. The second purpose is to meet growing needs in the health industry for functional specialists in selected areas: this purpose will be met by enabling undergraduate students in selected disciplines such as accounting to earn a twelve hour minor in health care. The third purpose is to provide education in health care organization and management to undergraduate students in other health professions: this purpose is being addressed by encouraging these students to take available courses and, when appropriate, through developing new courses to meet special needs and requirements.

1. Major in Long Term Care Administration

The B.S. degree in health care management with a major in long term care administration is a two-year program offered by the department of hospital and health administration in conjunction with the school of business. Students are admitted into the program as juniors after completing two academic years of coursework at an accredited college or university. During their junior and senior years they must

satisfactorily complete 30 semester hours of required courses in the department of hospital and health administration, 18 semester hours of required courses in the school of business, and sufficient elective courses to achieve the minimum of 126 hours required for graduation.

Students who meet specified prerequisites and standards are accepted into the program on a transfer basis from other schools within Virginia Commonwealth University and from other colleges and universities including community colleges. Part-time as well as full-time students are welcome in this program.

Students who earn a B.S. degree in health care management with a major in long term care administration are prepared to accept management positions in a broad range of organizations and agencies including long term care facilities, rehabilitation centers, governmental agencies with responsibilities in long term care and gerontology, planning agencies, convalescent facilities, and multi-purpose service centers.

To be accepted into this program, students must have completed a minimum of 60 semester hours of undergraduate work and attained a G.P.A. of 2.5 on a four-point scale. Completed coursework must include six hours in accounting, six hours in economics, and three hours in statistics. Students who do not fully meet these criteria and/or prerequisites may be accepted into the program on conditional status if recommended by the departmental faculty and approved by the department chairman.

Students in this program must satisfactorily complete thirty semester hours of required courses in the department of hospital and health administration. This includes three credit hours of field experience and work in the following:

HCM 401	Health Care Services	3 hours
HCM 323	Psychological Aspects of Illness and Disability	3 hours
HCM 402	Health Care Services II.	3 hours
HCM 302	Management in Health Care Facilities . .	3 hours
HCM 404	Fiscal Management of Health Care Facilities	3 hours
HCM 406	Personnel Management in Health Care Facilities	3 hours
HCM 306	Legal and Regulatory Controls in the Health Industry.	3 hours
HCM 408	Seminar in Health Care Management . . .	3 hours
AHP 410	Introduction to Gerontology	3 hours
Total required hours in departmental courses		30 hours

Students in this program must also satisfactorily complete at least eighteen hours in the school of business. These include courses on the subject area of:

Financial Management
Fundamentals of Management
Legal Environment
Personnel Management
Managerial Accounting
Health Care Financial Management

The remaining hours in the total of 126 required for the B.S. degree are satisfied by taking elective courses. Numerous courses in virtually every school and department of the University are available to meet specialized student needs and interests. In all instances, elective courses are selected on an individual basis by the student and his or her faculty advisor according to the student's particular career interests and educational needs.